722651

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SECRETARY OF STATE
SECRETARSSEE, FLORIDA

12/18/06

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: EAST WIND ASSOCIATION INC (Name of Corporation)
DOCUMENT NUMBER: 72265/
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
YVONNED MISLEH (Name of Contact Person)
(Name of Contact Person)
EAST WIND CONDOMINIUM ASSOCIATION
(Firm/Company)
4505 5 ATLANTIC AV (Address)
(Address)
PONCE INLET, FL 32127 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (386) 767-756/ (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute, his statement of change is submitted for a corporation organized under the laws of the State of
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in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: EAST WIND ASSOCHATION INC.
2. The principal office address: 4505 S ATLANIC ALVAHASSEE ELOOPS
1. The name of the corporation: EAST WIND ASSOCIATION INC. 2. The principal office address: 4505 S ATLANIC TALVAHASSEE FLORIDA PONCE INLET, FL 3212
3. The mailing address (if different):
4. Date of incorporation/qualification: 2/10/72 Document number: 727651
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
OLIVIA, A HURST
4505 5 ATLANTIC AV PONCÉ INLET, FL 32127
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
YVONNE D MISLEH
YVONNE D MISLEH 4505 S ATLANTIC AV (P.O. BOX NOT acceptable) PONCE INLET, FL 32127
(P.O. Box NOT acceptable)
PONCE INCET, FL 32121
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
William S. Organise III Prosident (Printed or typed name and tille) Board of Sinery
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
Yun Allt (Signature of Registered Agent) 12/13/06
If signing on behalf of an entity:
YVONNE D MISLEH
(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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