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1801 Glengary Street • Sarasota, FL 34231-3603

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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

Corporation Name) (Corporation Name) (Corporation Name)	(Document #) (Document #)	OZ JUN - 7 PM 1: 26 ALL AHASSEE FLORIDA
4. (Corporation Name) Walk in Pick up time Mail out Will wait	(Document #)	☐ Certified Copy ☐ Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A. Change of Registere Dissolution/Withdra Merger	, Officer/Director
OTHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUA Foreign Limited Partnership Reinstatement Trademark Other	

CR2E031(7/97)

Examiner's Initials

PS 6/13/02-

Florida Department of State,

Secretary of State

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 Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1a. The name of the corporation is: Beach Harbor Club 1b. Date of incorporation The name and address of the current registered agent and office: ondominum address of the new registered agent and office: (P.O. Box Not Acceptable) The street address of its registered agent 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. ALD Ro HOO ped or printed name and title HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVER OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, 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 COM-PLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT. SIGNATURE JULIE TRIMPE (Reaistered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

DATE

CR2E045 (7-91)

FILING FEE: \$35.00