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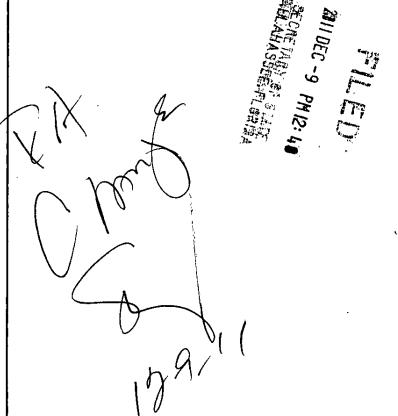
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Bay Isles Association, Inc. Name of Corporation
DOCUMENT NUMBER: 735668
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:

Douglys Wilson, President Name of Contact Person
Name of Contact Person
Advanced Management, Inc.
Firm/Company
9031 Town Center Phuy.
Address
Brg den ton, FL 34202 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

of Contact Person at (941) 359-1/34

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

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, this
statement of change is submitted for a corporation organized under the laws of the State of Florid 4 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Bay Isles Association, Inc.
2. The principal office address: 1001 Jawa Center Park way, Braden ton, FL 34202
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 4/26/76 Document number: 735
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) Beth Callans Mam A. Corp. 595 Bay Isles Ad Ste. #200 Longboat Key, FL 34228
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Advanced Management Of Southwest Florida, Inc. 9031 Town Center Parkway P.O. Box NOT acceptable 14202
The street address of its registered office and the street address of the business office of its registered agent, as changed will be interested.
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.
Signature of fin officer or director William Jevine President Printed or typed name and title
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.
Signature of Registered Agent Date Date Date If signing on behalf of an entity:
Douglas F. W. 150 ~ Typed or Printed Name

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