741183

(Re	questor's Name)		
(Ad	dress)		
	dress)	•	
(Cit	y/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
, (Bu	siness Entity Nar	me)	
•	•	,	
(Document Number)			
Certified Copies	_ Certificate:	s of Status	
Special Instructions to	Filing Officer:		
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SECRETARY OF STATE

Of Children

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Sea Palms Condominium Association, Inc. (Name of Corporation)				
DOCUMENT NUMBER: 741183				
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:				
Rick Shawver (Name of Contact Person)				
Advantage Property Management, LLC (Firm/Company)				
1111 SE Federal Highway, Suite 100 (Address)				
Stuart, FL, 34994				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Rick Shawver at (772) 215-9935 (Name of Contact Person) (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 Street Address: Amendment Section Division of Corporations Clifton Building				

Tallahassee, FL 32314

520

2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (8/05)

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statut nange is submitted for a corporation organized under the laws of the State of Florid der to change its registered office or registered agent, or both, in the State of Florid	da	
1. The name of	f the corporation: Sea Palms Condominium Association, Inc.		
2. The principal	al office address: 3200 North A1A, Fort Pierce, FL, 34949	<u> </u>	
3. The mailing a	address (if different): Same as above.		
4. Date of incor	rporation/qualification: 12/22/1977 Document number: 741183		
	nd street address of the current registered agent and registered office on file with the artment of State:	; <u>-</u>	
	Mark R. McMullen c/o Sachs & Sax	8	v. 1
1850 SW Fountainview Bouelvard, Suite 207		NF 8	Til.
	Port Saint Lucie, FL 34986	-9 -9	
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office?	AM 12: 5.9	ED
	311 South Second Street, Suite 102		
	(P.O. Box NOT acceptable)		
	Fort Pierce, FL, 34950		
The street address changed will	ress of its registered office and the street address of the business office of its reg ll be identical.	istered a	gent,
A	vas authorized by resolution duly adopted by its board of directors or by an office the board, or the corporation has been notified in writing of the change. Carl G Clements (Printed or typed name and title)		!ent
I hereby accept I further agree of my duties, ar document is be corporation ha	of the appointment as registered agent and agree to act in this capacity. It to comply with the provisions of all statutes relative to the proper and complete Ind I am familiar with and accept the obligation of my position as registered age I seeing filed merely to reflect a change in the registered office address, I hereby col I see notified in writing of this change.		
Jones (Si	Signapure of Registered Agent) 5/29/08 (Date)		
If signing on be	pehalf of an entity:		
Yates & Man	ncini, LLC		
((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 CR2E045 (8/05)