

743622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

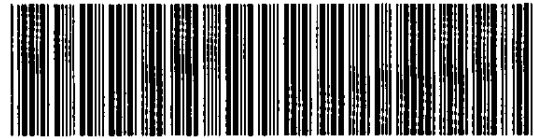
(Business Entity Name)

(Document Number)

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1000 PENNSYLVANIA AVE  
HARRISBURG PA 17103

*RAChang*

7-20-10

Dc

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Islamorada Condominium Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 743622

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:

Robert B. Burr, Esq.  
Name of Contact Person

St. John, Core & Lemme, P.A.  
Firm/Company

1601 Forum Place, Suite 701  
Address

West Palm Beach, FL 33401  
City/State and Zip Code

rburr@stjohn-core.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert B. Burr, Esq. at ( 561 ) 655-8994  
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  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Islamorada Condominium Association, Inc.

2. The principal office address: 700 Wavcrest Avenue, Indialantic, FL 32903-3268

3. The mailing address (if different): c/o Bella Vita Property Mgmt., P. O. Box 120096, Melbourne, FL 32912

4. Date of incorporation/qualification: 07/18/1978 Document number: 743622

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)

Taylor & Carls, P.A.

150 N. Westmonte Drive

Altamonte Springs, FL 32714

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Robert B. Burr, Esq., c/o St. John, Core & Lemme, P.A.

1601 Forum Place, Suite 701

P.O. Box - NOT acceptable

West Palm Beach, FL 33401

SECRETARY OF STATE  
10 JUL 19 PM 12:35  
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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.

Gene Schneck  
Signature of an officer or director

GENE SCHNECK, 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.

Walter B. Brown  
Signature of Registered Agent

7-1-10  
Date

If signing on behalf of an entity:

St. John, Core + Lemme, P.A.  
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