

744246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

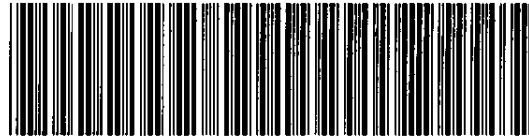
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A.

TBrown

11-2-11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Tencon Beach Association Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 744246

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:

Shana Bickel  
Name of Contact Person

Shana Bickel, CPA  
Firm/Company

7398 Deer Crossing Ct  
Address

Sarasota, FL 34240  
City/State and Zip Code

sbickel@shanabickelcpa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patricia Finneran at ( 914 ) 834-1584  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 21, 2011

SHANA BICKEL  
SHANA BICKEL, CPA  
7398 DEER CROSSING CT  
SARASOTA, FL 34240

SUBJECT: TENCON BEACH ASSOCIATION, INC.  
Ref. Number: 744246

We have received your document for TENCON BEACH ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 511A00024152

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Tencon Beach Association, Inc.
2. The principal office address: 1511 Gulf of Mexico Dr  
LongBoat Key, FL 34228
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/12/78 Document number: 744246

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)

Progressive Community Management, Inc.  
3701 South Osprey Ave  
Sarasota, FL 34239

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

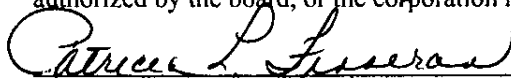
Shana Bickel  
7398 Deer Crossing Ct  
Sarasota, FL 34240

P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA

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.

  
\_\_\_\_\_  
Signature of an officer or director

Patricia Finneran  
\_\_\_\_\_  
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

10/12/11  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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)