

758583

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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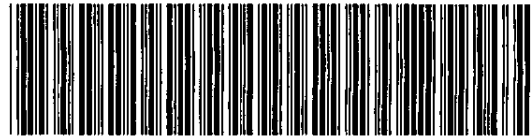
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SUN ISLE CONDOMINIUM ASSOCIATION OF MERRITT ISLAND, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 758583

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:

**LYNDA AYERS, PRESIDENT**

Name of Contact Person

SUN ISLE CONDOMINIUM ASSOCIATION OF MERRITT ISLAND, INC.

Firm/Company

**P.O. BOX 540896**

Address

**MERRITT ISLAND, FL 32953**

City/State and Zip Code

**sunislecondo@hotmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Jeannette Dumas, Treasurer** at **321 452-8776**

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

1. The name of the corporation: Sun Isle Condominium Association of Merritt Island, Inc.

2. The principal office address: 205 Palmetto Avenue, Merritt Island, FL 32953

3. The mailing address (if different): P.O. Box 540896, Merritt Island, FL 32954

4. Date of incorporation/qualification: 6-1-81 Document number: 758583

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)

ERA Showcase Properties RESIGNED

8660 Astronaut Blvd Ste 208

Cape Canaveral, FL 32920

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

Sun Isle Board of Directors / LYNDA AYERS

205 Palmetto Avenue #509

P.O. Box NOT acceptable

Merritt Island, FL 32953

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]  
Signature of an officer or director

Lynda Ayers, 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]  
Signature of Registered Agent

11/14/2012

Date

If signing on behalf of an entity:

LYNDA AYERS

Typed or Printed Name

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