760366

	questor's Name)	
(Re	questors Name)	
(Ad	dress)	
(Ad	dress)	·····
(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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T. Roberts MAY () & series

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: East Pass Towers Condominium Association, Inc. (Name of Corporation)				
(14anie of Corporatie	511)			
DOCUMENT NUMBER: 760366				
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.			
Please return all correspondence concerning this matter to the fo	ollowing:			
Gary A. Shipman, Esquire				
(Name of Contact Per	rson)			
Dunlap, Toole, Shipman & Whitney, P.A.				
(Firm/Company)				
	•			
5399 E. Cty. Hwy. C30-A, Unit 8 (Address)				
(Address)				
Santa Rosa Beach, Florida 32459				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Gary A. Shipman, Esquire at (_8	350) 231-3315			
(Name of Contact Person)	Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Department of State.				
•				
Mailing Address:	Street Address:			
Amendment Section	Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building 2661 Executive Center Circle			
Tallahassee, FL 32314	Tallahassee FI 32301			

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

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statement of change is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this stion organized under the laws of the State of Florida e or registered agent, or both, in the State of Florida.
1. The name of the corporation: East Pass To	wers Condominium Association, Inc.
2. The principal office address: 100 Gulf Shore	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 10/09/1	981 Document number: 760366
5. The name and street address of the current r Florida Department of State:	egistered agent and registered office on file with the
Janet L. Wolff	FALL SEC
100 Gulf Shore Drive	AHAY
Destin, FL 32541	1 P
6. The name and street address of the new reging (if changed):	Istered agent (if changed) and /or registered office
Gary A. Shipman, Esq	uire >
5399 E. Cty. Hwy. C30	
(P.O. Box N Santa Rosa Beach, Flo	(OT acceptable)
The street address of its registered office and as changed will be identical.	d the street address of the business office of its registered agent,
Such change was authorized by resolution dauthorized by the board, or the corporation h	uly adopted by its board of directors or by an officer so has been notified in writing of the change.
(Signature of an officer of director)	(Printed or typed name and title)
	ed agent and agree to act in this capacity. s of all statutes relative to the proper and complete performance ept the obligation of my position as registered agent. Or, if this hange in the registered office address, I hereby confirm that the his change.
You	4/26/07
(Signant of Registered Agent)	' (Date)
If signing on behalf of an entity:	i
(Typed or Printed Name)	
*** F	TILING 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)