

**NO1086**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

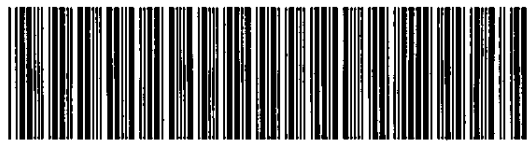
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**700259798767**

05/05/14--01006--005 \*\*35.00

14 MAY -5 PM 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

**C. LEWIS**  
MAY 15 2014  
EXAMINER

# RABIN ♦ PARKER

ATTORNEYS AT LAW

BENNETT L. RABIN  
MONIQUE E. PARKER

28163 U.S. HWY. 19 N., STE. 207, CLEARWATER, FL 33761  
727.475.5535 PHONE ♦ 727.723.1131 FAX

May 2, 2014

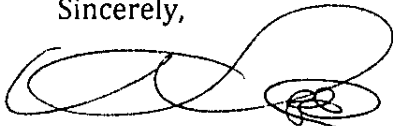
Division of Corporations  
Re: Amendment Section  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Coastal Ridge Association, Inc.  
Matter No. 10047-001

Dear Sir:

Enclosed please find a Statement of Change of Registered Agent for the above-captioned Association, as well as our check in the amount of \$35.00. Please make the change to the Registered Agent accordingly. Thank you.

Sincerely,



Monique E. Parker

/pb

Enclosures

cc: Coastal Ridge Association, Inc.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Coastal Ridge Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N01086

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:

\_\_\_\_\_  
Name of Contact Person

**Rabin Parker, P.A.**

\_\_\_\_\_  
Firm/Company

**28163 U.S. 19 North, #100**

\_\_\_\_\_  
Address

**Clearwater, Florida 33761**

\_\_\_\_\_  
City/State and Zip Code

**ben@rabinparker.com**

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

For further information concerning this matter, please call:

**Bennett L. Rabin**

\_\_\_\_\_  
Name of Contact Person

at ( 727 ) 475-5535

\_\_\_\_\_  
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: Coastal Ridge Association, Inc.
2. The principal office address: c/o Associa Gulf Coast, Inc.  
9887 Fourth Street North, #301, St. Petersburg, Florida, 33702
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/07/1989 Document number: N01086

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)

Associa Gulf Coast, Inc.  
9887 Fourth Street N., #301  
St. Petersburg, Florida 33702

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

Rabin Parker, P.A.  
28163 U.S. 19 North, #100  
P.O. Box NOT acceptable  
Clearwater, Florida 33761

APPROVED AND FILED  
14 MAY -5 PM 4:00  
SECRETARY OF STATE  
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

BARRY L CHASE *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 of Registered Agent

5/1/14  
Date

If signing on behalf of an entity:

Bennett L. Rabin, Esq.  
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