NO1086

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| PICK-UP | ☐ WAIT | MAIL. |
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| Certified Copies | _ Certificate | s of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Coastal Ridge Association, Inc.

DOCUMENT NUMBER: NO 1086

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:

Renee Wood

Name of Contact Person

West Coast Management and Realty, Inc.

Firm/Company

4917 Ehrlich Road, Suite 104

Address

Tampa, Florida 33624

City/State and Zip Code

renee@wcmanagement.info

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

For further information concerning this matter, please call:

Renee Wood

_{at} 813 908-6833

Name of Contact Person

Area Code & Daytime Telephone Number

is the state of th

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

| - | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| * | r to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of t | he corporation: Coastal Ridge Association, Inc. |
| 2. The principal | office address: 4917 Ehrlich Road, Suite 104 |
| | Tampa, Florida 33624 |
| 3. The mailing a | ddress (if different): |
| 4. Date of incorp | poration/qualification: 01/25/1984 Document number: N01086 |
| | street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned) |
| | Helbig, Denise |
| | C/O West Coast Management and Realty |
| | 4917 Ehrlich Road, Suite 104, Tampa, Florida 33624 |
| 6. The name and (if changed): | street address of the new registered agent (if changed) and /or registered office Rabin Parker, P.A. |
| | Rabin Parker, P.A. |
| | 28059 U.S. Highway 19 North, Suite 301 |
| | P.O. Box NOT acceptable |
| | Clearwater, Florida 33761 |
| The street addre as changed will | ess of its registered office and the street address of the business office of its registered agent, be identical. |
| Such change wa authorized by th | s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change. |
| Bayea | Barbara McEwen president Printed or typed name and title |
| I hereby accept I further agree to performance of | the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered s document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change. |
| | |
| 2 | Date |
| If signing on bel | • |
| Rabin Parke | PPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPPP |
| | * * * 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 (03/12)