NO20001799

(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: Courts downers
Exercises dorument by telephon can the 2-2-11
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 19, 2011 ·

BRUCE KING KINGS MANAGEMENT SERVICES, INC. P O BOX 32248 PALM BEACH GARDENS, FL 33420

SUBJECT: LIBERTY BAY HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N02000001799

We have received your document for LIBERTY BAY HOMEOWNERS 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 011A00001576

RECEIVED

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SECRETARY OF STATE

TALLANDASE FLORIDA

COVER LETTER

	of Corporations		ng an	
SUBJECT:	Liberty Bay F	Homeowners As	sociation. Inc	
56B6B61		Name of Corpora	tion	<u> </u>
DOCUMENT I	NUMBER:	N020000	01799	
The enclosed Sta	atement of Change of R	egistered Office/Agen	t and fee are submi	tted for filing.
Please return all	correspondence concer	ning this matter to the	following:	
Bruc Name of Ci			2200	s
		Name of Contact Po	erson	
Kings Management Services, Inc.				
		Firm/Company	,	
		•		••••
	PO Box 32248			
	0.00	Address		
•	Palr	n Beach Gardens,	FL 33420	
		City/State and Zip	Code	
	, mai	il@kingsmanagem	ent.com	
		be used for future a		ication)
F C ! ! - C				
ror lurther infor	mation concerning this	maπer, piease caii:		
	Bruce King	at (_	561 ₎	627-0480
N	lame of Contact Person		Area Code & Dayti	me Telephone Number
Enclosed is a \$3:	5.00 check made payabl	e to the Department o	f State.	
	Mailing Addres Amendment Se	ss:	Street Address: Amendment Se	action
	Division of Co		Division of Co	
	P.O. Box 6327	4	Clifton Buildir	-
	Tallahassee, F	L 32314	2661 Executive Tallahassee, Fl	e Center Circle L 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: Liberty Bay Homeowners Association, Inc.
2. The principal office address: 3400 Celebration Boulevard, West Palm Beach, FL 33411
3. The mailing address (if different): c/o Kings Management Services, Inc.
P.O. Box 32248 Palm Beach Gardens, FL 33420
4. Date of incorporation/qualification: 03/13/2002 Document number: N02000001799
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)
HILLEY + WYANT - CORTEZ, PA 题节
860 US HIGHWAY ONE, Suite 108
NORTH PALM BEACH FL 33408
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ALLIANCE CAS, LLC
1000 E. HALLANDALE BEACH BLVD. SUITE B-20 P.O. Box NOT acceptable
HALLANDALE BEACH FL 33009
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 Pam Tamburello, 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.
liathly 1-26-11
Signature of Registered Agent Date If signing on behalf of an entity:
Evan B. Phillips Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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