

NE3 000001255

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

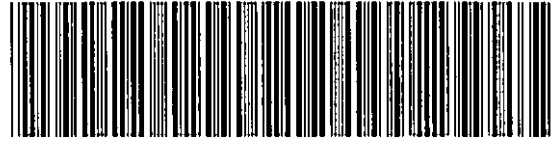
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2020 JUN 27 AM 7:50

C. GOLDEN

7-3-5 2020

# COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Coquina Key Townhomes Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N03000001255

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:

Rachael Dennis

Name of Contact Person

Holiday Isles Property Management, Inc.

Firm/Company

11350 66th Street North, Ste 124

Address

Largo, FL 33773

City/State and Zip Code

rdennis@holidayislespm.com

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

For further information concerning this matter, please call:

Rachael Dennis

at ( 727 ) 548-9402

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



RECEIVED JUN 29 2020

2020 JUN 17 11:55

2020 JUN 17 11:56

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 19, 2020

RACHAEL DENNIS  
11350 66TH STREET NORTH  
SUITE 124  
LARGO, FL 33773

SUBJECT: COQUINA KEY TOWNHOMES ASSOCIATION, INC.  
Ref. Number: N03000001255

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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) 245-6050.

Claretha Golden  
Regulatory Specialist II

Letter Number: 220A00012209

**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: Coquina Key Townhomes Association, Inc.

2. The principal office address: 11350 66th Street North, Suite 124, Largo, FL 33773

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 02/13/2003 Document number: N03000001255

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)

Sentry Management, Inc.  
2180 West SR 434, Ste 5000  
Longwood, FL 32779

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

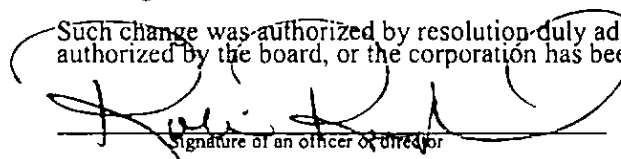
Holiday Isles Property Management, Inc.  
11350 66th Street North, Suite 124  
Largo, FL 33773

P.O. Box NOT acceptable

REC'D 27 JUL 7:50

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

ROBIN M. RUYBAL  
Printed or typed name and title President

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

7/22/20  
Date

If signing on behalf of an entity:

Rachael Dennis  
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