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APP S

COVER LETTER

Division of	Corporations		
SUBJECT: S	Sunset Bay Property Owl	ners' Association, I	nc.
DOCUMENT NUM	1BER: N03	000010566	
The enclosed Statem	nent of Change of Registered Offic	ce/Agent and fee are submi	itted for filing.
Please return all corr	respondence concerning this matter	er to the following:	
-		Whetzel ontact Person	
-	Innovative Community M	anagement Solutions,	Inc.
-		irpon Avenue dress	
-	Tarpon Sprir City/State a	ngs FL 34689 and Zip Code	
	icms@tamp E-mail address: (to be used for		fication)
For further informat	ion concerning this matter, please	call:	
	erri B. Whetzel	at (727) Area Code & Dayt	938-3700
Nam	e of Contact Person	Area Code & Dayt	ime Telephone Number
Enclosed is a \$35.00	check made payable to the Depa	rtment of State.	
The second se	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment S Division of C Clifton Buildi 2661 Executiv	ection orporations ing ve Center Circle

TO:

Amendment Section

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

statement of cha	nge is submitted for a co	rporation organize	607.1508, or 617.1508, Flo ed under the laws of the Stat ed agent, or both, in the State	e of Florid	la	_
1. The name of t	the corporation: Sunse	t Bay Propei	rty Owners' Associa	ation, Inc	<u>. </u>	
2. The principal	office address: 600 Ea	st Tarpon Aver	nue			
Tarpon Sp	rings FL 34689					
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification:	12/04/03	Document number:	N0300	0001056	6
	I street address of the curtiment of State: (If resigned)		nt and registered office on fi	ile with the		
	PMS Management	Services, Inc.		seed		
	2708 Alternate 19 I	North				A > 19 **
	Palm Harbor FL 34	1683			2010 OCT -4	g j www.com granni
6. The name and (if changed):	I street address of the nev	ed office	4 PM 12:			
	Terri B. Whetzel					
	600 East Tarpon A					
		P.O. Box NOT a	cceptable			
	Tarpon Springs FL	34689				
The street address changed will	ess of its registered offic be identical.	e and the street ac	ldress of the business office	e of its regi	stered age	nt,
		on duly adopted lion has been noti	by its board of directors or fied in writing of the chang	by an office e.	er so	
Blight	the ding		Elizabeth King, Sec Printed or typed name		easurer	_
I hereby accept I further agree to of my duties, and document is bei	the appointment as regi to comply with the provi	sions of all statut I accept the oblig t a change in the	agree to act in this capacit es relative to the proper an ation of my position as reg registered office address, I	id complete	performa nt. Or, if i nfirm that	nce this the
Tem	B Mute	۷	09/29/	10		
) Sig	nature of Registered Agent		Date	. -		_
If signing on be	chalf of an entity:					
т	yped or Printed Name					

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