## ~N04000002667

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
(City/State/Zip/Priorie #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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SECRETARY OF STATE

FILED

## **COVER LETTER**

TO:	fo: Amendment Section Division of Corporations								
SUBJ	ЕСТ:	Celadon Bea	ach Owners As Name of Corpor	ssociation, Inc.					
DOCU	JMENT NUI	MBER:	N04000	002667					
The en	closed Stater	nent of Change of Re	egistered Office/Age	ent and fee are submitte	ed for filing.				
Please return all correspondence concerning this matter to the following:									
	_		Reed William						
	Name of Contact Person								
	Dunlap & Shipman, PA								
	Firm/Company								
	1414 County Highway 283 South, Suite B								
			Address						
	Santa Rosa Beach, FL 32459								
	City/State and Zip Code								
		re	ed@dunlapshipn	nan.com					
E-mail address: (to be used for future annual report notification)									
For further information concerning this matter, please call:									
		Reed Williams	at	( 850 )	231 - 3315				
	Nan	ne of Contact Person		( <u>850</u> ) Area Code & Daytin	ne Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.									
		Mailing Addre Amendment S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Amendment Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations g : Center Circle				

مهٰداً . .

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

statement of cha	provisions of sections 607.6 nge is submitted for a corpo r to change its registered o <u>f</u>	oration organized	under the laws of the Sta	<sub>nte of</sub> Florida				
1. The name of t	he corporation: CELAD	ON BEACH	OWNERS ASSO	CIATION, INC	). <u> </u>			
2. The principal	office address: 17757 FF	ONT BEACH	ROAD, PANAMA C	ITY BEACH FL	32413			
3. The mailing a	ddress (if different): 1775	7 FRONT BEA	ACH ROAD, PANAM	IA CITY BEACH	FL 3241			
4. Date of incorp	poration/qualification:(	03/15/2004	Document number:	N04000002	367			
	street address of the current tment of State: (If resigned,		and registered office on	file with the				
	JACK G WILLIAMS							
	502 HARMON AVEN	UE		ZODA SEC				
	PANAMA CITY FL 32	2401		2009 DEC 31 SECRETAR ALLAHASS	# # 			
6. The name and street address of the new registered agent (if changed) and /or registered off (if changed):								
	DUNLAP & SHIPMAI	N, PA.		ATE RED				
	1414 COUNTY HWY 283 S, SUITE B							
	SANTA ROSA BEAC	P.O. Box NOT acce H. Fl. 32459	ериане					
The street addre as changed will	ss of its registered office a be identical.		ress of the business offic	ee of its registered a	igent,			
Such change wa authorized by th	is authorized by resolution be board, or the corporation	duly adopted by nhas been notifie	its board of directors or d in writing of the chan	by an officer so ge.				
Signatur	Our an officer or director		Davin Samuel Printed or typed nar	lice pres ne and title	<del></del>			
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registe o comply with the provision of I am familiar with and a neglical filed merely to reflect a been notified in writing o	i inis change.		ity, nd complete perform gistered agent. Or, I hereby confirm th	nance if this at the			
Sig	nature of Registered Agent	ud Shipman	Date	1000				
Ŏ	half of an entity:	Q Shirms	. AA					

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

Typed or Printed Name