## N05000003144

· (R	Requestor's Name)	
(A	address)	
(A	address)	
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(8	Business Entity Name)	<u>-</u>
•		
<b>(</b> C	Ocument Number)	
Certified Copies	Certificates of S	Status
Special Instructions to	o Filing Officer:	
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03/12/09--01022--021 \*\*35.00

SECRETARY OF STATE

RA

TB 3/23/09

## **COVER LETTER**

Division of Corporations Islamorada Condominiums Association of the Shores, Inc. (Name of Corporation) N05000003144 DOCUMENT NUMBER:\_ 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: Lynn Becker, CAM (Name of Contact Person) Southeast Management (Firm/Company) 3280 S. Atlantic Ave. (Address) Daytona Beach Shores, FL 32118 (City/State and Zip Code) For further information concerning this matter, please call: Lynn Becker, CAM (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address:** Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

TO:

Amendment Section



## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 13, 2009

LYNN BECKER, CAM SOUTHEAST MANAGEMENT 3280 S ATLANTIC AVE DAYTONA BEACH SHORES, FL 32118

SUBJECT: ISLAMORADA CONDOMINIUMS ASSOCIATION OF THE SHORES,

INC.

Ref. Number: N05000003144

We have received your document for ISLAMORADA CONDOMINIUMS ASSOCIATION OF THE SHORES, 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):

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) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 709A00008700

SRETARY OF STATE

AHASSEE, FLORIDA

2009 HA OS AAH 8:00

RECEIVED

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

statement of cha	nge is submitted f	or a corporation o	organized under	8, or 617.1508, Floric the laws of the State c or both, in the State c	of Florida	_
1. The name of the	he corporation:	Islamorad	a Condomi	niums Associ	ation of t	the Shores, Inc
2. The principal office address: 3280 S. Atlantic Ave., Ste A  Daytona Beach Shores, FL 32118						
3. The mailing ac	ddress (if differen	t):NA				
4. Date of incorp	oration/qualificat	ion: 03/23/	2005 Doci	ument number: N05	5000003144	
	ment of State: (If	the current registe resigned, enter re S. Thurlow	signed)	gistered office on file	with the	
	415 Can	al St.				
	New Smy	rna Beach,	FL 32168		2009 TAL 	4.1989. P <sup>100</sup> 4
6. The name and (if changed):	Lynn Beck Southeast	ker, CAM Managemer Atlantic Av	nt venue	ed) and /or registered	ARY OF	FILED M 8:3
	Daytona F	(P.O. Box NOT acce Beach Shore	•	118		2
The street address as changed will	ss of its registere be identical.	d office and the s	street address of	the business office of	of its registered ag	gent,
Such change was authorized by the	s authorized by r e board, or the co	esolution duly ad orporation has be	lopted by its bo en notified in w	ard of directors or by riting of the change.	y an officer so	
(Szignatur	re of an officer or girec	lor)	Al	lan J. Koch, (Printed or typed name		<u></u>
I hereby accept if further agree to of my duties, and document is bein corporation has	the appointment	as registered age e provisions of al ith and accept the reflect a change writing of this ch	ent and agree to il statutes relative e obligation of in the registere ange.	act in this capacity. We to the proper and my position as regist ad office address, I he 3/10/09	complete perform tered agent. Or, i ereby confirm tha	nance if this it the
	nature of Registered A	gent)		(Date)		_
If signing on bel	-					
	Becker, CA					

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