

**N06000001146**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

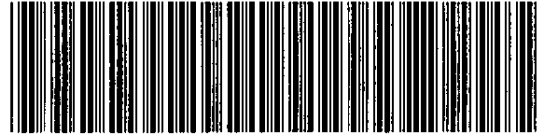
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*R.A. Charge*

**C.COULLETTE**

APR 10 2009

**EXAMINER**

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Carrabelle Boat Club Association, Inc. ■  
(Name of Corporation)

**DOCUMENT NUMBER:** N06000001146

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:

Kimberly Lippman, FRP  
(Name of Contact Person)

Lewis, Longman, & Walker, P.A.  
(Firm/Company)

2600 Centennial Place, Suite 100 - P.O. Box 16098  
(Address)

Tallahassee, Florida 32317-6098  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly Lippman at ( 850 ) 222-5702  
(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 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: The Carrabelle Boat Club Association, Inc.
- 2. The principal office address: 909 Tenth Street South, Suite 105  
Naples, Florida 34102
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 02/02/2006 Document number: NO6000001146
- 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)

James F. Caudill, Esquire  
4923 TAMiami TRAIL, NORTH SUITE 200  
NAPLES FL 34103

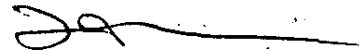
- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

M. Christopher Lyon, Esquire  
2600 Centennial Place, Suite 100  
(P.O. Box NOT acceptable)  
Tallahassee, Florida 32308

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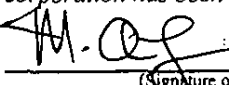
The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

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)

Larry Johnson, 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.*

  
(Signature of Registered Agent)

4/3/09  
(Date)

If signing on behalf of an entity:

M. Chris Lyon  
(Typed or Printed Name)