

N06000001146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA-Charge

C.COULLIETTE

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: N06000001146
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

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]
(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]
(Signature of Registered Agent)

4/3/09
(Date)

If signing on behalf of an entity:

M. Chris Lyon
(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
CR2E045 (8/05)

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