

N34635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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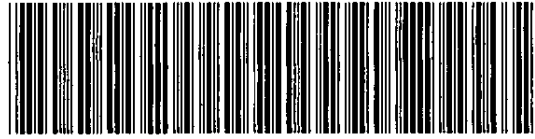
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A. Change

TB 6/23/08

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: PROMENADE HOMEOWNERS' ASSOC. INC  
(Name of Corporation)

DOCUMENT NUMBER: N 34 635

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:

ROBERT A BABCOCK  
(Name of Contact Person)

HOLIDAY ISLES PROPERTY MGMT. INC  
(Firm/Company)

11350 66<sup>th</sup> ST. N. SUITE 124  
(Address)

LARAO, FL 33773  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert A Babcock at ( 727 ) 548-9402  
(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

