## N9300000617

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LANIASSEE, FLORIDA

## **COVER LETTER**



TO:

Amendment Section Division of Corporations

FOX NUMBER

		Children and the contract of t		
SUBJECT: PINE ISLAND BAY HOMEOWNERS ASSN., INC.				
	Name of Cor	poration		
DOCUMENT NUMBER: N930		00000617		
The enclosed Sta	stement of Change of Registered Office/	Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:				
	ANNE MARIE	MALDRON		
ANNE MARIE WALDRON Name of Contact Person				
A & M PARTNERS, INC.				
Firm/Company				
300 SOUTH PINE ISLAND ROAD #239				
	Addres	S		
		. ·		
	PLANTATION, City/State and	FL 33324 Zip Code		
	0.0,70.000 0.000			
	AANDMMGT@	AOL.COM		
	E-mail address: (to be used for futi	ire annual report notification)		
For further information concerning this matter, please call:				
ANI	NE MARIE WALDRON	at ( 954 ) 741-4666		
N	ame of Contact Person	at ( 954 ) 741-4666 Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.				
	Mailing Address:	Street Address:		
	Amendment Section	Amendment Section		
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
-	Tallahassee, FL 32314	2661 Executive Center Circle		
	<b>,</b>	Taliahassee, FL 32301		

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

statement of char	provisions of sections 607.0502, 6 nge is submitted for a corporation	organized under the laws of	f the State of FLORIDA	
in order	r to change its registered office or	registered agent, or both, in		
	he corporation: PINE ISLAN		<del>-</del>	
2. The principal of	office address: 300 SOUTH PI	NE ISLAND ROAD SU	JITE 239	
PLANTATI	ON, FL 33324	<del></del>		
3. The mailing ac	ddress (if different): SAME			
-	oration/qualification: 2/15/			
	street address of the current regist ment of State: (If resigned, enter r		fice on file with the	
	TUCKER & TIGHE, P.A.			
	800 EAST BROWARD BLY	VD., SUITE 70		
	FORT LAUDERDALE, FL	33301	A28 1	
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or	registered offices	
•	A & M PARTNERS, INC.			
	300 SOUTH PINE ISLAND	ROAD SUITE 239	ORIE ORIE	
•		Box NOT acceptable		
•	PLANTATION, FL 33324			
	ss of its registered office and the be identical.			
Such change was authorized by the	s authorized by resolution duly a e board, or the corporation has be	dopted by its board of directed notified in writing of the	tors or by an officer so e change.	
Signature	of an officer or director	NICOLE SH	IUMAN, PRESIDENT	
I hereby accept to I further agree to of my duties, and accument is bein corporation has	the appointment as registered ago to comply with the provisions of a I I am familiar with and accept the g filed merely to reflect a chang been notified in writing of this ci	ent and agree to act in this ill statutes relative to the pr he obligation of my position e in the registered office ad hange.	capacity. oper and complete performance as registered agent. Or, if this dress, I hereby confirm that the	
Lango N	ature of Registered Agent	er_	11-3-11 Date	
If signing on beh			PAID	
		The state of the s	9	
Typed or Printed Name NOV - 1 2011				
* * * 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)