

N97000006569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

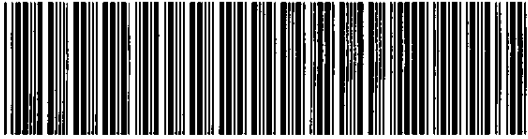
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600190055156

01/07/11--01010--015 **35.00

*RA
change*

FILED
2011 JAN -7 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*AR
1/10/11*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bay Arbor Property Owners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N97000006569

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:

Meredith Tunnell
Name of Contact Person

RealManage
Firm/Company

16200 Addison Rd, Ste 150
Address

Addison, TX 75001
City/State and Zip Code

transition@realmanage.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Meredith Tunnell at (866) 473-2573
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: BAY ARBOR PROPERTY OWNERS ASSOCIATION, INC.

2. The principal office address: 5401 Kirkman Rd, Ste 318
Orlando, FL 32819

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/21/1997 Document number: N97000006569

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)

FIRST CHOICE ASSN MGMT INC
4171 WOODLANDS PARKWAY
PALM HARBOR FL 34685

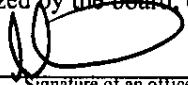
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

RealManage
5401 Kirkman Rd, Ste 318
P.O. Box NOT acceptable
Orlando, FL 32819

2011 JAN -7 PM 4:01
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

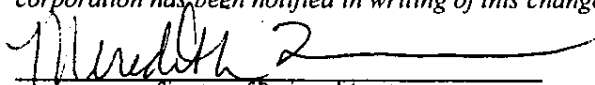
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

Rick Bowen, 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

1.3.2010
Date

If signing on behalf of an entity:

Meredith Tunnell, Account Manager, Real Manage
Typed or Printed Name

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