N98000002683

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DUNLAP, TOOLE, SHIPMAN & WHITNEY, P.A. LAWYERS

DAVISSON F. DUNLAP, JR. DANA G. TOOLE GARY A. SHIPMAN WILLIAM E. WHITNEY 2065 Thomasville Road, Suite 102 Tallahassee, Florida 32308 Phone: 850-385-5000 Facsimile: 850-385-7636

1414 County highway 283 South, Suite B Santa Rosa Beach, Florida 32459 Phone: 850-231-3315

PHONE: 850-231-3315 FACSIMILE: 850-231-5816 DAVISSON F. DUNLAP, III
DAVID H. MILAM
JAMES R. CAVES, III
KRISTIN A. GARDNER
DAVISSON F. DUNLAP, OF COUNSEL

REPLY TO: SANTA ROSA BEACH OFFICE

April 16, 2007

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re: The Villas at Santa Rosa Beach Owners Association, Inc.

Amendment – Registered Agent

Please find attached the Statement of Change of Registered Agent for the above referenced matter, along with a check in the amount of \$35.00 for filing of same. Please do the necessary.

Thanking you in advance, I am

Sincerely,

Charlotte Floyd

Paralegal to Gary A. Shipman

/cf

Attachments (2)

COVER LETTER

SUBJECT: The Villas at Santa Rosa Beach Owners Association, Inc.
(Name of Corporation)
DOCUMENT NUMBER: N98000002683
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:
Gary A. Shipman, Esquire
(Name of Contact Person)
Dunlap, Toole, Shipman & Whitney, P.A. (Firm/Company)
1414 Co. Hwy. 283 South, Suite B (Address)
Santa Rosa Beach, Florida 32459 (City/State and Zip Code)
For further information concerning this matter, please call:
Gary A. Shipman, Esquire <u>at (850</u> <u>231-3315</u>
(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 Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (8/05)

TO:

Amendment Section Division of Corporations

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

	atement of cha	provisions of sections 607.0302, 617.0302 inge is submitted for a corporation organi or to change its registered office or registe.	ized under the laws of the State of	Florida			
1.	The name of	the corporation: The Villas at Santa Rosa	Beach Owners Association, Inc.		<u> </u>		
	The principal	Î, ř	7	per signal	_		
				HE	APR I		
3.	The mailing a	ddress (if different): Post Office Box 124	17, Santa Rosa Beach, FL 3245		8 PH	- [T]	_
4.	Date of incorp	poration/qualification: 05/07/1998	Document number: N98000	002683			_
5.		d street address of the current registered ag tment of State:	gent and registered office on file w	ith the	ယ	(1E
		Cynthia T. Stenberg					
		56 Spires Lane, #17A					
		Santa Rosa Beach, Florida 3245	9				
6.	The name and (if changed):	I street address of the new registered agen	t (if changed) and /or registered of	ffice			
		Gary A. Shipman, Esquire		_			
		1414 Co. Hwy. 283 South, Suite	e B				
		(P.O. Box NOT acceptable)		_			
		Santa Rosa Beach, Florida 324	59				
Ti as	ne street addre changed will	ess of its registered office and the street be identical.	address of the business office of	its regist	ered a	igent,	
Su	ich change watthorized by the	as authorized by resolution duly adopted ne board, or the corporation has been not	l by its board of directors or by a tified in writing of the change.	n officer	so		
_	Milo		Chan Cox, President				
II Ij of de ce	· -	the appointment as registered agent and to comply with the provisions of all state of I am familiar with and accept the obling filed merely to reflect a change in the speen notified in writing of this change.	(Printed or typed name and d agree to act in this capacity, utes relative to the proper and co igation of my position as register e registered office address, I here		erfori Or, rm th	mance if this at the	
_	1640)	gnature of Registered Agent)	4/13/07 (Date)				
H	signing on be	chalf of an entity:					
_		Typed or Printed Name)					
		* * * FILING FE	.E: 335.00 * " "				