

**N 9 9 00000 1589**

Requestor's Name

Address



**Ocean Gate Resort**

4730 A1A South  
St. Augustine Beach, FL 32084

Office Use Only

NUMBER(S), (if known):

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

**FILED**  
 99 AUG -5 AM 11:53  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

- Walk in     
  Pick up time \_\_\_\_\_     
  Certified Copy  
 Mail out     
  Will wait     
  Photocopy     
  Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

100002951421 -- 2  
 -08/05/99--01058--007  
 \*\*\*\*105.00 \*\*\*\*\*35.00

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

*RA*  
*200*  
*8/M*

Examiner's Initials	
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**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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: OCEAN GATE CONDOMINIUM MASTER ASSOCIATION, INC.

2. The mailing address of the corporation is: 4730 HIGHWAY A1A SOUTH  
ST AUGUSTINE FL 32084-7445

3. Date of incorporation/qualification: MAR 12 1999 Document number: N99000001589

4. The name and address of the current registered agent and office: RESIGNATION EFFECTIVE 7-22-99

ALAN C. SHEPPARD, JR., ESQ.  
LEBOEUF, LAMB, GREENE & MACRAE, L.L.P.  
50 NORTH LAURA ST, SUITE 2800  
JACKSONVILLE FL 32202

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

ROBERT J.L. LAURENCE  
894 A1A BEACH BLVD.  
ST AUGUSTINE FL 32084-6717

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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.

X [Signature] 8-4-99  
(Signature of an officer, chairman or vice chairman of the board) (Date)

ROBERT J.L. LAURENCE, PRESIDENT  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

X [Signature] 8-4-99  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity: N/A  
(Typed or Printed Name) (Capacity)

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