

NO1000000654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

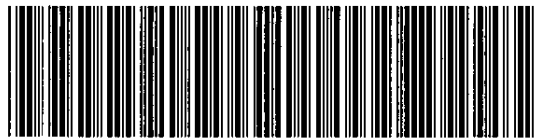
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 OCT -8 PM 1:35

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R.A.

TB

OCT - 9 2009

TIMOTHY J. SLOAN, P.A.

ATTORNEYS AND COUNSELORS AT LAW
427 MCKENZIE AVENUE
POST OFFICE BOX 2327
PANAMA CITY, FLORIDA 32402-2327

TIMOTHY J. SLOAN*
CHARLES J. STAFFORD
*ALSO MEMBER OF
DISTRICT OF COLUMBIA
AND MISSOURI BARS

TELEPHONE (850) 769-2501
FACSIMILE (850) 769-0824

October 7, 2009

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Palm Cove Homeowner's Association, Inc.

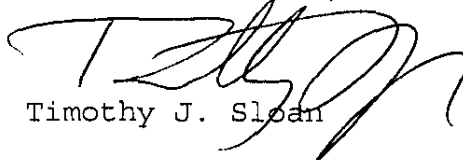
Gentlemen:

Enclosed please find an original Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above- referenced corporation, together with a check in the amount of \$35.00 to cover the cost of filing. Please file the Statement at your earliest convenience.

Thank you for your assistance with this matter. If there are any questions, please do not hesitate to call collect.

Sincerely,

TIMOTHY J. SLOAN, P. A.


Timothy J. Sloan

TJS/mf
Encl.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Palm Cove Homeowner's Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N01000000654

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:

Timothy J. Sloan
Name of Contact Person

Timothy J. Sloan, P.A.
Firm/Company

427 McKenzie Avenue
Address

Panama City, FL 32402
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Timothy J. Sloan at (850) 769-2501
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: Palm Cove Homeowner's Assoc., Inc.
2. The principal office address: 2827 Joan Avenue, Suite B
Panama City Beach, FL 32408
3. The mailing address (if different): P.O. Box 9637
Panama City Beach, FL 32417
4. Date of incorporation/qualification: 1/19/2001 Document number: N01000000654
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)

Jack Williams

502 Harmon Avenue

Panama City, FL 32402

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

Timothy J. Sloan

427 McKenzie Avenue

P.O. Box NOT acceptable

Panama City, FL 32402

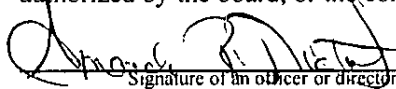
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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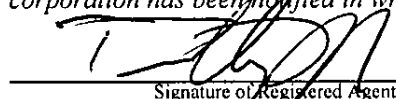
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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


Signature of an officer or director

Amanda B. Nichols
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

10/7/09
Date

If signing on behalf of an entity:

Typed or Printed Name

*** 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)