## 751745

(Requestor's Name)						
(Address)						
(Ad	dress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
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SECRETARY OF STATE
TALLAHASSEE, FLOOR

or all or

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT:	front Condominium Association, Inc.
DOCUMENT NUMBER:	751745

The enclosed Statement of Change of Registered Office/Agent and fee are submitted

Please return all correspondence concerning this matter to the following:

## Tracy Robinson Name of Contact Person 89 Oceanfront Condominium Association Firm/Company 89 S. Atlantic Avenue Address Ormond Beach, FL 32176 City/State and Zip Code

eightynineoceanf@bellsouth.net

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

For further information concerning this matter, please call:

Tracy Robinson

Name of Contact Person

at (386 ) 672-5333

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

statement of chan	ge is submitted for a co	rporation organiz	607.1508, or 617.1508, Fi ed under the laws of the St ed agent, or both, in the St	ate of Florida	
1. The name of the	e corporation: 89 Oce	eanfront Con	dominium Associati	on, Inc.	
The name of the corporation: 89 Oceanfront Condominium Association, Inc.     The principal office address: 89 S. Atlantic Avenue Ormond Beach, FL 32176					
3. The mailing add	dress (if different):	· · · · · · · · · · · · · · · · · · ·			
4. Date of incorpo	oration/qualification:	3/26/1980	Document number:	751745	
	street address of the cur ment of State: (If resign		ent and registered office on	file wilk the state of the sta	
	Judith A. Bailey, I	LCAM		TARI	
-	39 S. Atlantic Ave	enue			
	Ormond Beach, F	L 32176			
(if changed):		v registered agent	(if changed) and /or registe	ered office	
-	Fracy Robinson			<del></del>	
{ 	39 S. Atlantic Ave			_ <del></del>	
(	Ormond Beach, F	P.O. Box NOT at FL 32176	cceptable		
The street address as changed will b	s of its registered office e identical.	e and the street ac	ddress of the business offic	ce of its registered agent,	
			by its board of directors or fied in writing of the chang		
1	hu Balay		Sue Balog,Presider		
I hereby accept th	he annointment as regi	stered agent and sions of all statut iliar with and acd d merely to reflec	Printed or typed name agree to act in this capacities relative to the proper action of my part a change in the registers writing of this change.	'tv	
1/2 6	nat the corporation has ture of Registered Agent	been notified in	writing of this change.  4 - 24 - 13  Date		
If signing on beha					
Tracy Robins	son				
Тур	ed or Printed Name				

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