

734431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JUL - 7 AM 10:14

C. LEWIS  
JUL 22, 2014  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 7, 2014

GARY FIELDS / LAW OFFICE OF GARY D. FIELDS, PA  
4440 PGA BLVD SUITE 308  
PALM BEACH GARDENS, FL 33410 US

SUBJECT: OCEAN TRAIL CONDOMINIUM ASSOCIATION NO. 1, INC.  
Ref. Number: 734431

We have received your document for OCEAN TRAIL CONDOMINIUM ASSOCIATION NO. 1, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The new registered agent listed must sign the acceptance. Gary D. Fields must sign as the new agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis  
Regulatory Specialist II

Letter Number: 014A00011949



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 3, 2014

GARY FIELDS / LAW OFFICE OF GARY D. FIELDS, PA  
4440 PGA BLVD SUITE 308  
PALM BEACH GARDENS, FL 33410 US

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Carolyn Lewis  
Regulatory Specialist II

Letter Number: 014A00011949

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** OCEAN TRAIL CONDOMINIUM ASSOCIATION NO. 1, INC  
Name of Corporation

**DOCUMENT NUMBER:** 734431

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 FIELDS**

Name of Contact Person

**Law Office of Gary D. Fields, P.A.**

Firm/Company

**4440 PGA Boulevard, Suite 308**

Address

**Palm Beach Gardens, FL 33410**

City/State and Zip Code

**OCEANTRAIL1MGR@COMCAST.NET**

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

For further information concerning this matter, please call:

**GARY FIELDS**

Name of Contact Person

at **561 625-1200**

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: OCEAN TRAIL CONDOMINIUM ASSOCIATION NO. 1, INC  
2. The principal office address: 200 OCEAN TRAIL WAY, JUPITER FL. 33477

3. The mailing address (if different): 4440 PGA Boulevard, Suite 308  
Palm Beach Gardens, FL 33410

4. Date of incorporation/qualification: 11/25/1975 Document number: 734431

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)

GAIL WHIPPLE

1930 COMMERCE LANE STE 1

JUPITER, FL 33458

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

D.  
GARY FIELDS

4440 PGA Boulevard, Suite 308

P.O. Box NOT acceptable

Palm Beach Gardens, FL 33410

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]*  
Signature of an officer or director

GAIL WHIPPLE

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]*  
Signature of Registered Agent

5/13/14  
Date

If signing on behalf of an entity:

*[Signature]*  
Typed or Printed Name

GARY D. FIELDS

7/15/14

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314