

715392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

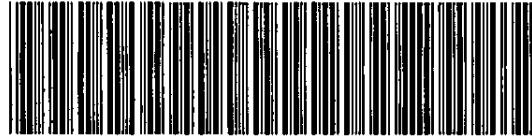
(Business Entity Name)

(Document Number)

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16 MAY 13 11:10:51
STATE DEPT. OF STATE
DIVISION OF CORPORATIONS

MAY 16 2016

C McNAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE SHORE VIEW ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: 715392

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:

GRANT L. NOAKES

Name of Contact Person

ELITE ASSOCIATION MANAGEMENT, INC.

Firm/Company

11398 CHURCHILL TRAIL

Address

SEMINOLE, FL 33772

City/State and Zip Code

GNOAKES1@TAMPABAY.RR.COM

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

For further information concerning this matter, please call:

GRANT L. NOAKES

Name of Contact Person

at (727) 430-3066

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAY 13 AM 10:51

**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: THE SHORE VIEW ASSOCIATION, INC.
2. The principal office address: 1819 SHORE DRIVE S, SOUTH PASADENA, FL 33707

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/16/1986 Document number: 715392

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)

ASSOCIA GULF COAST, INC.

9887 FOURTH STREET NORTH, SUITE 301

ST. PETERSBURG, FL 33702

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

GRANT L. NOAKES

11398 CHURCHILL TRAIL

P.O. Box NOT acceptable

SEMINOLE, FL 33772

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.

X Jeanne Y. Hay
Signature of an officer or director

JEANNE HAY, TREASURER

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.

Ther Z. W.
Signature of Registered Agent

MAY 10, 2016

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 (03/12)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 MAY 13 AM 10:51