## 719649

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

<b>\</b>			
TO: Amendment Section			
Division of Corporations			
Dal. Day Association to			
SUBJECT: Palm Bay Association, Inc.			
(Name of corporation)			
DOCUMENT NUMBER: 719649			
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:			
Daniel J. Lobeck, Esquire			
(Name of contact person)			
` '			
The Law Offices of Lobeck, Hanson & Wells, P.A.			
(Firm/Company)			
2033 Main Street, Suite 403			
(Address)			
Connecto Florida 24027			
Sarasota, Florida 34237 (City/state and zip code)			
` • • • • • • • • • • • • • • • • • • •			
For further information concerning this matter, please call:			
Daniel J. Lobeck, Esq. at (941 ) 955-5622  (Name of contact person) (Area code & daytime telephone number)			
(Name of contact person) (Area code & daytime telephone number)			
Enclosed is a \$35.00 check made payable to the Department of State.			
$\cdot$			
Mailing Address: Street Address:			
Mailing Address:  Amendment Section  Street Address:  Amendment Section			
Division of Corporations P.O. Box 6327  Division of Corporations 409 E. Gaines Street			
Tallahassee, FL 32314 Tallahassee, FL 32399			

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.
1. The name of	f the corporation: Palm Bay Associat	tion, Inc.
2. The principal	al office address: 5960 Midnight Pas	s Road, Sarasota, Florida 34242
3. The mailing a	address (if different): 5960 Midnight	t Pass Road, Sarasota, Florida 34242
4. Date of incor	rporation/qualification: 11/06/1970	Document number: 719649
	nd street address of the current registerartment of State:	ered agent and registered office on file with the
	Daniel J. Lobeck, Esquire	
	The Law Offices of Lobeck, Hanson & Wells, P.A.	
	2033 Main Street, Suite 301, Sar	rasota, Florida 34237
6. The name and (if changed):		d agent (if changed) and /or registered office
	Daniel J. Lobeck, Esquire	8: 53
	The Law Offices of Lobeck, Hans	son & Wells, P.A.
	(P.O. Box NOT acc	peptable)
	2033 Main Street, Suite 403, Sar	asota, Florida 34237
The street addr as changed wil	ress of its registered office and the ll be identical.	street address of the business office of its registered agent,
Such change w authorized by t	vas authorized by resolution duly a the board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.
(Signal	athire of an officer of director)	(Printed or typed name and title)
I further agree of my duties, an document is be	ot the appointment as registered ag e to comply with the provisions of a and I am familiar with and accept th eing filed merely to reflect a chang as been notified in writing of this ch	ent and agree to act in this capacity. Il statutes relative to the proper and complete performance he obligation of my position as registered agent. Or, if this e in the registered office address, I hereby confirm that the hange.
1.	1 MM	8/29-05
- Comics	Signature of Registered Agent)	(Date)
If signing on b	pehalf of an entity:	
Daniel J. Lobe	eck, Esquire	
- 1	(Typed or Printed Name)	·

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