720842

(Re	questor's Name)			
(Ad	dress)			
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(Cit	ty/State/Zip/Phone	e #)		
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COVER LETTER

Division	of Corporations			
SUBJECT:	Island Association, Inc.			
00201011	Name of Corporation			
DOCUMENT N	720842 UMBER:			
The enclosed Sta	tement of Change of Registered Office/Agent and fee are submitted for filing.			
	correspondence concerning this matter to the following:			
	Anne Hatthorn, Esq.			
Name of Contact Person				
Becker & Poliakoff, P.A.				
Firm/Company				
1511 N. Westshore Boulevard, Suite 1000				
Address				
	Tampa, Florida 33607			
	City/State and Zip Code			
	bisland1@tampabay.rr.com			
	E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:				
Anne 1	ame of Contact Person at (813 527-3900 Area Code & Daytime Telephone Number			
N	ame 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 Street Address: Amendment Section			

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

CR2E045 (03/12)

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, nge is submitted for a corporation organized under the laws of the State of Flotida	
	r to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of ti	he corporation: Sun Island Association, Inc.	
2. The principal	office address:_7500 Sun Island Drive	
	South Pasadena, Florida 33707	
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 5/3/1971 Document number: 720842	
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)	
	Ellen Hirsch DeHaan	
	311 Park Place Boulevard, Suite 250	
	Clearwater, Florida 33759	nvisi 15 t
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	SECRETARY VISION OF CO
	Becker & Poliakoff, P.A.	
	1511 N. Westshore Boulevard, Suite 1000	7: 2 7: 2
	P.O. Box NOT acceptable Tampa, Florida 33607	23
The street addre	ess of its registered office and the street address of the business office of its registe	red agent,
•	is authorized by resolution duly adopted by its board of directors or by an officer see board, or the corporation has been notified in writing of the change.	0
Signatu	Printed or typed name and title	TRESIDENT
I further agree to performance of agent. Or, if this	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as regists document is being filed merely to reflect a change in the registered office address that the corporation has been notified in writing of this change.	stered ss, I
4	13-17-16	•
_	nsture of Registered Agent Date	
Becker	half of an entity: + Poliakoff, PA pped 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)