

72377L

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

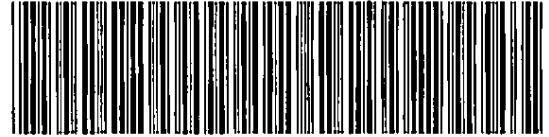
(Business Entity Name)

(Document Number)

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2018 OCT -4 AM 11:18

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Seaside Villas Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 723770

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:

Timothy J. Sloan, Esq.

Name of Contact Person

Timothy J. Sloan, P.A.

Firm/Company

427 McKenzie Avenue

Address

Panama City, FL 32401

City/State and Zip Code

margo4529@comcast.net

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

For further information concerning this matter, please call:

Timothy J. Sloan

Name of Contact Person

at (850) 769-2501

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

RECEIVED
OCT 14 11:12 AM
FILING OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

TIMOTHY J. SLOAN, P.A.

ATTORNEY AND COUNSELOR AT LAW
427 MCKENZIE AVENUE
POST OFFICE BOX 2327
PANAMA CITY, FLORIDA 32402-2327

TIMOTHY J. SLOAN
ALSO MEMBER OF
DISTRICT OF COLUMBIA
AND MISSOURI BARS

TELEPHONE (850) 769-2501
FACSIMILE (850) 769-0824

September 28, 2018

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Seaside Villas Condominium Association, Inc.
Document No. 723770

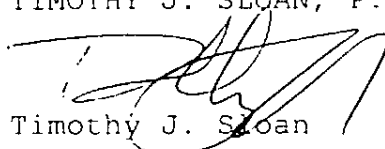
Gentlemen:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above referenced corporation, together with a check in the amount of \$35.00 to cover the cost of filing. Please file the Statement at your earliest convenience.

Thank you for your assistance with this matter. If there are any questions, please do not hesitate to call collect.

Sincerely,

TIMOTHY J. SLOAN, P. A.


Timothy J. Sloan

TJS/mf
Encl.

2018 OCT - 4 AM 11:12

**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: Seaside Villas Condominium Association, Inc.

2. The principal office address: 4701 Thomas Drive
Panama City Beach, FL 32408

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/29/1972 Document number: 723770

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)

Seaside Villas Condominium Association, Inc.

4701 Thomas Drive

Panama City Beach, FL 32408

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

Timothy J. Sloan

427 McKenzie Avenue

P.O. Box NOT acceptable

Panama City, FL 32401

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.

Margo Fullilove
Signature of an officer or director

Margo Fullilove, President

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.

TJ Sloan
Signature of Registered Agent

9/28/18
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)

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