

725605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Change

T BROWN JAN 28 2003

DANIEL J. LOBECK
MARK A. HANSON
KEVIN T. WELLS

LAW OFFICES
LOBECK HANSON & WELLS

PROFESSIONAL ASSOCIATION

2033 MAIN STREET, SUITE 403
SARASOTA, FL 34237
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January 20, 2003

CONDOMINIUM
COOPERATIVE AND
COMMUNITY
ASSOCIATIONS

CIVIL LITIGATION
PERSONAL INJURY
FAMILY LAW
LAND USE LAW
ESTATES AND TRUSTS

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

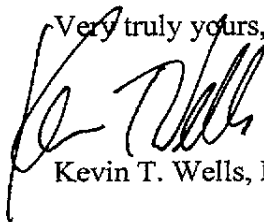
Re: Longbeach Condominium Association, Inc.
Statement of Change of Registered Office or Registered Agent

Dear Sir or Madam:

Enclosed for filing with your office is an original Statement of Change of Registered Office or Registered Agent or Both for Corporations. Also enclosed is an Association check (Check No. 4842) in the amount of \$35 made payable to the Division of Corporations for the filing fee. Please change your corporate records accordingly.

Thank you for your courtesies and cooperation in this matter.

Very truly yours,



Kevin T. Wells, Esquire

KTW/elk
Enclosures

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Longbeach Condominium Association, Inc.
(Name of corporation)

DOCUMENT NUMBER: 725605

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:

Kevin T. Wells, Esquire

(Name of person)

Lobeck Hanson & Wells, P.A.

(Name of firm/company)

2033 Main Street, Suite 403

(Address)

Sarasota, Florida 34237

(City/state and zip code)

For further information concerning this matter, please call:

Kevin T. Wells, Esquire

(Name of person)

at (941)

955-5622

(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
409 E. Gaines Street
Tallahassee, FL 32399

**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: Longbeach Condominium Association, Inc.
2. The principal office address: 7075 Gulf of Mexico Drive, Longboat Key, Florida 34228-1109

3. The mailing address (if different): 7075 Gulf of Mexico Drive, Longboat Key, Florida 34228-1109

4. Date of incorporation/qualification: 02/20/1973 Document number: 725605

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

William Herold

5500 Marina Drive, Suite 1

Holmes Beach, Florida 34217

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

Kevin T. Wells, Esquire

Lobeck Hanson & Wells, P.A., 2033 Main Street, Suite 403

(P.O. Box or personal mailbox NOT acceptable)

Sarasota, Florida 34237

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 of an officer, chairman or vice chairman of the board)

(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 of Registered Agent)

(Date)

If signing on behalf of an entity:

Kevin T. Wells, Esquire

(Typed or Printed Name)

(Capacity)

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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA