

725830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

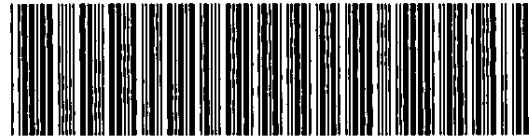
(Business Entity Name)

(Document Number)

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@ 7.31.13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PERDIDO KEY COVES MAINTENANCE ASOC., INC
Name of Corporation

DOCUMENT NUMBER: 725830

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:

SHAWN MILLARD

Name of Contact Person

PERDIDO SAND REALTY, INC

Firm/Company

5615 BAUER RD

Address

PENSACOLA, FL 32507

City/State and Zip Code

SHAWN@PERDIDOSAND.COM

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

For further information concerning this matter, please call:

SHAWN MILLARD

Name of Contact Person

at (850)

492-2000

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 17, 2013

SHAWN MILLARD
PERIDO SAND REALTY INC
5615 BAUER RD
PENSACOLA, FL 32507

SUBJECT: PERDIDO KEY COVES MAINTENANCE ASSOCIATION INC
Ref. Number: 725830

We have received your document for PERDIDO KEY COVES MAINTENANCE ASSOCIATION INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 013A00017380

RECEIVED

13 JUL 31 AM 10:47

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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: PERDIDO KEY COVES MAINTENANCE ASOC., INC
2. The principal office address: 5615 Bauer Rd. Pensacola FL 32507
3. The mailing address (if different): P.O. Box 34414, Pensacola, FL 32507

4. Date of incorporation/qualification: 3/16/1973 Document number: 725830

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)

JAMES W. BROGDON Bobby McCARLEY
7206 FLOOD REEF
PERDIDO KEY, FL 32507

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

PERDIDO SAND REALTY, INC
5615 BAUER RD.
P.O. Box NOT acceptable
PENSACOLA, FL 32507

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]
Signature of an officer or director

JAMES W. BROGDON, 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.

[Signature]
Signature of Registered Agent

07/02/2013
Date

If signing on behalf of an entity:

THEODORE JOHNSON
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 (8/05)

FILED
13 JUL 31 PM 12:19
TALLAHASSEE, FL