

725979

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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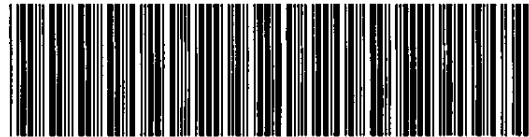
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
MAR - 4 2014  
EXAMINER

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Clearwater Key Association - South Beach, Inc.  
Name of Corporation

DOCUMENT NUMBER: 725979

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:

Jennifer M. Sinclair  
Name of Contact Person

Joseph R. Cianfrone, P.A.  
Firm/Company

1964 Bayshore Blvd., Ste A.  
Address

Dunedin, FL 34698  
City/State and Zip Code

Jennifer@attorneyjoe.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph R. Cianfrone at (727) 738-1100  
Name 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  
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

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: Clearwater Key Association-South Beach Inc.
2. The principal office address: 5901 Sun Blvd., Ste 103, St. Petersburg, FL 33715
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 5/2/01 Document number: 725979
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)

Jennifer M. Sinelaim  
200 Pine Ave. N., Suite A  
Oldsmar, FL 34677

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

JOSEPH R. CIANFRONE, P.A.  
1964 Bayshore Blvd. Ste A  
P.O. Box NOT acceptable  
Dunedin, FL 34698

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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

Peter E. [Signature]  
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

2/27/14  
Date

If signing on behalf of an entity:

Joseph R. Cianfrone  
Typed or Printed Name

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