727954

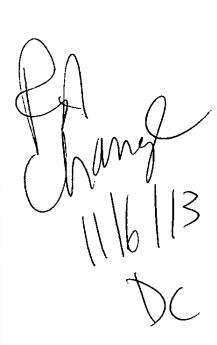
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	,
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	☐ MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer	
Special Instructions to	Filing Officer:	

Office Use Only



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11/01/13--01009--017 **35.00



COVER LETTER

Division of Corporations
SUBJECT: Kingston Shores Management Association, Inc. Name of Corporation
DOCUMENT NUMBER: 727954
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:
Lori Waddick
Name of Contact Person
First Service Residential
Firm/Company
385 Douglas Ave. Ste. 3000
Address
Altamonte Springs, FL 32714
City/State and Zip Code
Lori.Waddick@fsresidential.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lori Waddick at (407) <u>644-0010 ext7204</u> 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

TO:

Amendment Section



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

statement of char	rovisions of sections 607.050 age is submitted for a corpora to change its registered office	tion organized ı	ınder the la	ws of the State of	f <u>Florida</u>	
1. The name of the	ne corporation: Kingston Sho	res Managemer	nt Associati	on, Inc.		
2. The principal of	office address: 5500 Ocean S	hore Blvd. Orm	ond Beach.	FL 32176		
3. The mailing ac	Idress (if different): 385 Doug	glas Ave. Ste. 3	000 Altan	nonte Springs, F	L 32714	
4. Date of incorp	oration/qualification:		Document	number: <u>72795</u>	4	
	street address of the current r ment of State: (If resigned, er		and register	ed office on file	with the	
	Tyler Property	Management			_	
1034 Ridgewood Ave. Ste.1					-	
-	Daytona Beach	, FL 32117				
6. The name and street address of the new registered agent (if changed) and /or registered (if changed):				nd/or registered o	office 3	 -
_	Scott D. Newso	om, Esq.			_ = 3	•
		Ave. Ste. 1400			_ \$ 5)
	P.O. Box NOT acceptable					
-	Orlando, FL 32					
The street address as changed will l	ss of its registered office and be identical.	the street addre	ess of the bu	isiness office of	its registered agent,	
	authorized by resolution due board, or the corporation has				n officer so	
100	e a this		Paul	Hicks -	Treasurer	
I hereby accept i	the appointment as registered to comply with the provisions by duties, and I am familiar to cument is being filed mental the corporation has been	of all statutes r	ree to act in	he proper and co	a mnl ete	
Sign	ature of Registered Agent		Octol	Date /	20/3	
If signing on beh						
	ped or Printed Name					

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