

729605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

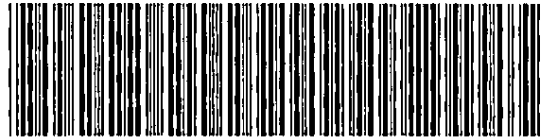
(Business Entity Name)

(Document Number)

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ATLANTA, GEORGIA

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T. LEMUEUX

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: OCEAN PINES CONDOMINIUM ASSOCIATION, INC  
Name of Corporation

DOCUMENT NUMBER: 729605

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:

MELISSA MAURINO, LCM  
Name of Contact Person

OCEAN PINES CONDOMINIUM ASSOCIATION  
Firm/Company

3009 SOUTH OCEAN BLVD  
Address

HIGHLAND BEACH FL 33487  
City/State and Zip Code

OCEANPINESCONDO@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MELISSA MAURINO, LCM at (561) 276-3012  
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

**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: OCEAN PINES CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 3009 SOUTH OCEAN BLVD  
HIGHLAND BEACH, FL 33487
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: JUNE 1975 Document number: 729605
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)

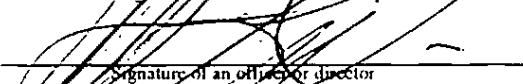
RALPH ECCLES  
3009 S. OCEAN BL #604  
HIGHLAND BEACH, FL 33487

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

ROBERT DE STEFANO  
3009 SOUTH OCEAN BLVD  
P.O. Box NOT acceptable  
HIGHLAND BEACH, FL 33487


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 or director

HERBERT LADEWITZ SECRETARY  
\_\_\_\_\_  
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

OCT 27 2017  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

ROBERT DE STEFANO  
\_\_\_\_\_  
Typed or Printed Name

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