

731554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CIRCLE BAY YACHT CLUB CONDOMINIUM ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 731554

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:

**AMBER McCLUEN**

Name of Contact Person

CIRCLE BAY YACHT CLUB CONDOINIUM ASSOCIATION, INC.

Firm/Company

**1950 SW PALM CITY RD**

Address

**STUART, FL. 34994**

City/State and Zip Code

**OFFICE@CIRCLEBAY.TV**

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

For further information concerning this matter, please call:

**AMBER McCLUEN**

Name of Contact Person

at ( **772** ) **287-0990**

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

March 27, 2013

AMBER MCCLUEN  
CIRCLE BAY YACHT CLUB CONDOMINIUM ASSOC  
1950 SW PALM CITY ROAD  
STUART, FL 34994

SUBJECT: CIRCLE BAY YACHT CLUB CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: 731554

We have received your document for CIRCLE BAY YACHT CLUB CONDOMINIUM ASSOCIATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent must sign accepting the designation.

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.

Sylvia Gilbert  
Regulatory Specialist II

Letter Number: 913A00007218

RECEIVED  
13 APR -8 AM 10:23  
DEPARTMENT OF STATE  
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: CIRCLE BAY YACHT CLUB CONDOINIUM ASSOCIATION, INC.

2. The principal office address: 1950 SW PALM CITY RD  
STUART, FL. 34994

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: \_\_\_\_\_ Document number: 731554

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)

RESIGNED: ROBERT CROKE

1950 SW PALM CITY ROAD

STUART, FL. 34994

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

JANE L. CORNETT

401 SE OSCEOLA ST. SUITE 101 / RIVER OAK CENTER

P.O. Box NOT acceptable

STUART, FL. 34995-0066

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.

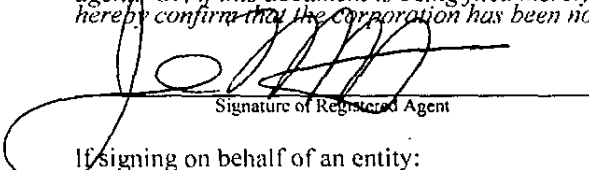


Signature of an officer or director

DIRECTOR

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

03/8/2013

Date

If signing on behalf of an entity:

AMBER McCLUEN

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 (03/12)

FILED  
13 APR -8 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA