(Requestor's Name)	
(Address)	900215002
(Address)	000210002
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	12/09/110100700
(Business Entity Name)	·
(Document Number)	FIEL AH
Certified Copies Certificates of Status	ASSET
Special Instructions to Filing Officer:	
	W m
	1 Mul)

Office Use Only



869

)6 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Beachwood Villas Condominiums, Inc.				
	Name of Co	orporation		
DOCUMENT NUME	BER:	31756		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all corres	spondence concerning this matter	to the following:		
	Deborah Ross Name of Contact Person			
	Name of Cor	itact Person		
Ross Earle & Bonan				
Firm/Company				
_	789 S Federal Hig			
	Addı	ess		
	Stuart F	3/100/		
Stuart, FL 34994 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
	• •	·	•	
For further information	n concerning this matter, please c	all:		
· De	eborah ROss	at (772)	287-1745	
Name	of Contact Person	at (<u>772</u>) Area Code & Daytime	Telephone Number	
Enclosed is a \$35.00 c	heck made payable to the Depart	ment of State.		
	Mailing Address: Amendment Section	Street Address:	•	
	Division of Corporations	Amendment Secti Division of Corpo		
	P.O. Box 6327	Clifton Building	oracions	
	Tallahassee FL 32314	2661 Executive (Center Circle	

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statinge is submitted for a corporation organized under the laws of the State of \overline{Flc} represents to change its registered office or registered agent, or both, in the State of Florence.	orida
1. The name of t	he corporation: Beachwood Villas Condominiums, Inc.	
2. The principal Stuart, FL	office address: 2355 NE Ocean Blvd 34996	
	ddress (if different): 543 NW Lake Whitney Place, Suite 101 Lucie, FL 34986	
4. Date of incorp	oration/qualification: 01/27/1975 Document number:	731756
	street address of the current registered agent and registered office on file with timent of State: (If resigned, enter resigned)	he
	Jane L. Cornett, Esq	
	401 E Osceola Street, 1st Floor	
	Stuart, FL 34994	I DEC
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	
	Ross Earle & Bonan, PA	
	789 S Federal Highway, Suite 101 P.O. Box NOT acceptable	5
	Stuart, FL 34994	
The street addre	ss of its registered office and the street address of the business office of its redientical.	egistered agent,
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an of the board, or the corporation has been notified in writing of the change.	ficer so
r signatur	ection of the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and comple it is a familiar with and accept the obligation of my position as registered on filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	her, President lete performance
document is beil corporation has	ng filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	confirm that the
	nathers of Registered Agent 12/6/11 Date	
If signing on be	half of an entity:	
OEBORAH T	yped or Printed Name	

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