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SECRETARY OF STATE
BIVISION OF CORPORALIONS

RARDICHS 103/4/11

## COVER LETTER

Division of Corporati	ons		
SUBJECT: HILLS	SBORD INLE	Corporation	
	Name of	Corporation	
DOCUMENT NUMBER:	7378	900	
The enclosed Statement of Ch	nange of Registered Offi	ce/Agent and fee are submitted for filing.	
Please return all corresponder	ace concerning this matt	er to the following:	
	MARY S	TO WARD	
	MARY S Name of C	ontact Person	
	HILLS KARD T	WILL SALLIE CLUB	
	Firm/C	NLET SAILING CLUB Company	
	Do so	/ <241	
<u> </u>	Ac	( 524) dress	
1	(e) + 1 f	DE EL 33,74	
	City/State	or FL 33074  and Zip Code	
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E-mail address: (to be used for future annual report notification)			
E-mail address: (to be used for future annual report notification)			
For further information conce	rning this matter, please	call:	
1			
Julie Tier	e Parsan	at ( 561 ) 289 8360 Area Code & Daytime Telephone Number	
Name of Cont	act reison	Atea Code & Daytime Telephone Number	
Enclosed is a \$35.00 check m	ade payable to the Depa	rtment of State.	
<u>Mail</u> Δme	ing Address: indment Section	Street Address: Amendment Section	
	sion of Corporations	Division of Corporations	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

TO:

Amendment Section



February 18, 2011

MARY STEWARD HILLSBORO INLET SAILING CLUB, INC. P.O. BOX 5241 LIGHTHOUSE POINT, FL 33074

SUBJECT: HILLSBORO INLET SAILING CLUB, INC.

Ref. Number: 737800

We have received your document for HILLSBORO INLET SAILING CLUB, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 811A00004211

## , 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
1. The name of the corporation: HILLS BORD INLEY SAILING CLUB
2. The principal office address: 2701 HE 42 STreet Lighthouse ST, FL. 33064
3. The mailing address (if different): p. o. Box 5241 Lighthouse Dr. FL 33074
4. Date of incorporation/qualification: 112 1977 Document number: 737800
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)
Tulie Tice
117 NIF / Oth St.
Boca Raton, Fl 33487
Pour von Programme
o. The name and street address of the new registered agent (it changed) and/or registered office
<u>ښ</u> ښو ښو ښو ښو کې
3420 VIC 1180- #344
3000 HE 48CT: #304 P.O. Box NOT acceptable
LIGHTHOUSE POINT FL 33064
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  ALAH LATZ VICE CommoNoRE  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.
May E Studend 3/7/2011 Signature of Registered Agent Date
<del>-</del>
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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