739421

. (Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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COVER LETTER

Amendment Section Division of Corporations

TO:

SHORES OF MADEIRA CONDO	MINILIM ASSOCIATION INC			
SUBJECT: SHORES OF MADEIRA CONDOMINIUM ASSOCIATION, INC. (Name of Corporation)				
DOCUMENT NUMBER: 739421				
The enclosed Statement of Change of Registered Offi	ce/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matt	er to the following:			
DONALD KIEFFER				
(Name of C	ontact Person)			
SHORES OF MADEIRA CONI	DOMINIUM ASSOCIATION, INC. Company)			
15400 GULF BLVD	dress)			
(Ad	uress)			
MADEIRA BEACH, FL 33708				
(City/State	and Zip Code)			
For further information concerning this matter, please	call:			
DONALD KIEFFER	at (727) 367-9702 (Area Code & Daytime Telephone Number)			
(Name of Contact Person)	(Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Depa	artment 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

statement of chang	ovisions of sections 607.0502, 617.050 ge is submitted for a corporation organ to change its registered office or regist	nized under the laws of the State o	f_FLORIDA
	corporation: SHORES OF MADEIRA	_	
	fice address: 15400 GULF BLVD, MAD		
3. The mailing add	dress (if different):		
4. Date of incorpor	ration/qualification: 06/17/1977	Document number: 73942	1
5. The name and s Florida Departm	treet address of the current registered anent of State:	agent and registered office on file	with the
E	BOYD CATLETT		
<u>6</u>	3471 28TH TERR N		
5	ST PETERSBURG FL 33710		TAL TAL
6. The name and s (if changed):	treet address of the new registered age	nt (if changed) and /or registered of	08 AUG 29 ECRETARY LLAHASSEI
]	OONALD KIEFFER		SEE.
_1	02 TREASURE ISLAND CAUS	<u> </u>	PR 22.
7	(P.O. Box NOT acceptable) (P.EASURE ISLAND FL 33706)		23 23 23
	s of its registered office and the stree e identical.		
authorized by the	authorized by resolution duly adopte board, or the corporation has been n	otified in writing of the change.	un ottice: 50
Morald - (Signature	of anyofficer of director)	DONALD KIEFFER, PRESII (Printed or typed name a	
I further agree to of my duties, and document is being	ne appointment as registered agent a comply with the provisions of all sta I am familiar with and accept the ob g filed merely to reflect a change in t been notified in writing of this chang	tutes relative to the proper and c ligation of my position as registe he registered office address. I he	complete performance ered agent. Or, if this reby confirm that the
Donald 7	Keeffer	827/08	
If signing on beha	all f of an entity:	(Date)	
(Ту	ped or Printed Name)		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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