747805

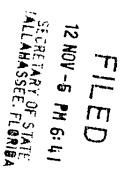
(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Saskiess Elitis) Name,			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Gulf and Bay Club Condominium Association, Inc. Name of Corporation
•
DOCUMENT NUMBER: 747805
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:
Thomas Fastiggi
Name of Contact Person
Gulf and Bay Club Condominium Association, Inc.
Firm/Company
5730 Midnight Pass Road
Address
Sarasota, Florida 34242
City/State and Zip Code
tjfsrq@aol.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Thomas Fastiggi Name of Contact Person Name of Contact Person at (941) 349-3000 Area Code & Daytime Telephone Number
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

statement of cha	nge is submitted for a corpord	of the control of the control of the state o		
1. The name of the	he corporation: Gulf and E	Bay Club Condominium Association, Inc.		
2. The principal	c-	730 Midnight Pass Road		
	Sa	arasota, Florida 34242		
3. The mailing ac	ddress (if different): Same			
4. Date of incorp	oration/qualification: 6/25/	/1979		
	street address of the current r tment of State: (If resigned, er	registered agent and registered office on file with the nter resigned)		
	Cornelia Bittle ((no longer with Gulf and Bay)		
	5730 Midnight Pass I			
	Sarasota, Florida 34	4242 - CR NO	<u> </u>	
6. The name and (if changed):	street address of the new reg	ristered agent (if changed) and /or registered office	71	
	Thomas Fastiggi	20≥ 45	-	
	5730 Midnight Pass I	Road		
	P.O. Box NOT acceptable			
	Sarasota, Florida 34	1242		
The street addre as changed will	ess of its registered office and be identical.	d the street address of the business office of its registered agent,		
Such change wa authorized by th	is autho rized by resolution du board, or the corporation h	uly adopted by its board of directors or by an officer so has been notified in writing of the change.		
Lay	e of an officer or-director	Ralph Ruocco, President		
I hereby accept I further agree to performance of	the appointment as registere to comply with the provisions my duties, and I am familiar	ed agent and agree to act in this capacity. s of all statutes relative to the proper and complete with and accept the obligation of my position as registered erely to reflect a change in the registered office address, I n notified in writing of this change.		
		October 16, 2012		
•	nature of Registered Agent half of an entity:	Date		
Thomas Fa	stiggi yped 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 * * *