

748569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

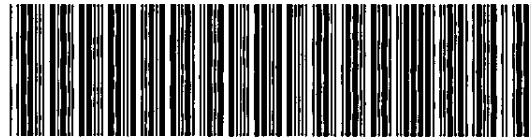
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

August 21, 2014

MARC BELLAPIANIA
WATSON REALTY CORPORATION ASSOC. MANAGE.
1410 PALM COAST PARKWAY, NW
PALM COAST, FL 32137

SUBJECT: MARITIME ESTATES OWNERS' ASSOCIATION, INC.
Ref. Number: 748569

We have received your document 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):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Darlene Connell
Regulatory Specialist III

Letter Number: 114A00018061

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Maritime Estates Owners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 748569

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:

Marc Bellapianta
Name of Contact Person

Watson Realty Corp.
Firm/Company

1410 Palm Coast Parkway NW
Address

Palm Coast FL 32137
City/State and Zip Code

mbellapianta@watsonrealtycorp.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marc Bellapianta at (386) 246-9272
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**

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Maritime Estates Owners' Association, Inc.
2. The principal office address: 50 Leanni Way, Suite B6
Palm Coast, FL 32137
3. The mailing address (if different): PO Box 2008
Flagler Beach, FL 32134
4. Date of incorporation/qualification: 8/17/1979 Document number: 748569
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)

Flagler Palm Coast Property Management, Inc.
50 Leanni Way, Suite B6
Palm Coast, FL 32137

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

Watson Realty Corp.
1410 Palm Coast Parkway NW
P.O. Box NOT acceptable
Palm Coast, FL 32137

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14 SEP 15 PM 3:10

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.

Robert F. Matthews
Signature of an officer or director

ROBERT F. MATTHEWS PRES
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.

MBO

Signature of Registered Agent

9/3/14

Date

If signing on behalf of an entity:

MARCO BELLAPIANTA

Typed or Printed Name

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