

750630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

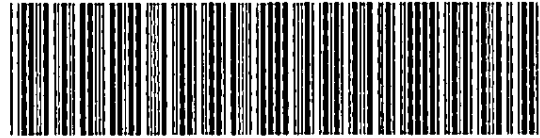
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

1092-524-547-544-523



200321573882

12/10/18--01013--012 **35.00

FILED
2019 JAN 28 AM 11:01
S. W. STATE OF STATE
TALLAHASSEE, FL

C. GOLDEN

JAN 30 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BEACON POINT CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: 750630

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:

KATHERINE PASS, CORPORATE MANAGER

Name of Contact Person

PINNACLE ASSOCIATION MANAGMENT, LLC DBA WATSON ASSOCIATION MANAGEMENT

Firm/Company

430 NW LAKE WHITNEY PLACE

Address

PORT ST. LUCIE, FL 334986

City/State and Zip Code

KATHYPASS@WATSONREALTYCORP.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KATHERINE PASS

Name of Contact Person

at (772) 871-0004

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

P#	<u>5041</u>
Date	<u>11/19</u>
Initial	<u>MP</u>
Other	_____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2018

KATHERINE PASS
430 NW LAKE WHITNEY PLACE
PORT ST. LUCIE, FL 34986

SUBJECT: BEACON POINT, INC.
Ref. Number: 750630

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):

The current name of the entity is as referenced above. Please correct your document accordingly.

The entity's date of incorporation/organization must be listed in the document.

Please add the corporations document number and remove the DBA name from the registered agents name.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath opposite the signature.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 818A00025741

SECRETARY OF STATE
TALLAHASSEE, FL
2019 JAN 28 PM 1:02

RECEIVED

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

- 1. The name of the corporation: BEACON POINT, INC.
2. The principal office address: 435 S. YONGE STREET, SUITE 3 ORMOND BEACH, FL 32174
3. The mailing address (if different):

4. Date of incorporation/qualification: 1/14/1980 Document number: 750630

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)
GILLELAND, CHRIS D.
101 SOUTH PALMETTO DRIVE SUITE 5
DAYTONA BEACH, FL 32114

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
PINNACLE ASSOCIATION MANAGEMENT, LLC
430 NW LAKE WHITNEY PLACE
PORT ST LUCIE, FL 34986

FILED
2019 JAN 28 AM 11:01
DEPARTMENT OF STATE
TALLAHASSEE, FL

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.

Judith M. Rooney (Signature of an officer or director)
Judith M. Rooney (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.

Kathelin Pass (Signature of Registered Agent)
11/14/18 (Date)

If signing on behalf of an entity:
KATHELINE PASS
Typed or Printed Name

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