

750646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

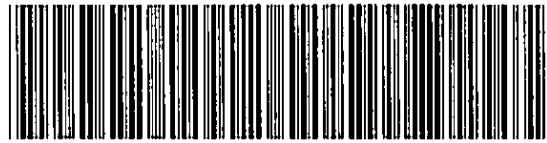
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S TALLENT

MAY 14 2020

FILED
2020 MAY 14 PM 12:24
CLERK OF COURT
JULIA A. HARRIS

R/M-CH



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 8, 2020

RACHAEL M. DENNIS
HOLIDAY ISLES PROPERTY MANAGEMENT, INC.
11350 66TH STREET NORTH, SUITE 124
LARGO, FL 33773

SUBJECT: REFLECTIONS ON THE GULF ASSOCIATION, INC.
Ref. Number: 750646

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

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

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 820A00007539

2020 APR 14 AM 11:13

RECEIVED APR 13 2020

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: REFLECTIONS ON THE GULF ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: 750646

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:

RACHAEL M. DENNIS
Name of Contact Person
HOLIDAY ISLES PROPERTY MANAGEMENT, INC.
Firm/Company
11350 66TH STREET NORTH, SUITE 124
Address
LARGO, FL 33773
City/State and Zip Code

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

For further information concerning this matter, please call:

RACHAEL DENNIS at (727) 548-9402
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Reflections on the Gulf Association, Inc.

2. The principal office address: 11350 66th Street North, Suite 124
Largo, FL 33773

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/17/1980 Document number: 750646

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)

Leading Edge, CAM

901 N. Hercules Ave, Suite A

Clearwater, FL 33765

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

Holiday Isles Property Management, Inc.

11350 66th Street North, Suite 124

P.O. Box NOT acceptable

Largo, FL 33773

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 Director

Robert E. Armstrong, Sec/Treas
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.


Signature of Registered Agent

03/06/2020

Date

If signing on behalf of an entity:

Rachael M. Dennis

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)