

751172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

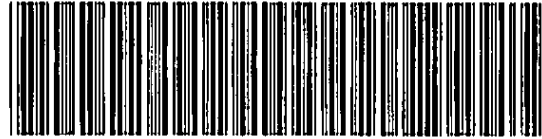
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CORPORATIONS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE COLONIAL HOUSE ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 751172

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:

Penelope Holladay

Name of Contact Person

Coastal Living Community Management, LLC

Firm/Company

170 Portside Ave Unit 201

Address

Cape Canaveral, FL 32920

City/State and Zip Code

contact@coastallivingcam.com

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

For further information concerning this matter, please call:

PENELOPE HOLLADAY

Name of Contact Person

at (321) 693-5225  
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: THE COLONIAL HOUSE ASSOCIATION, INC.
2. The principal office address: 230 COLUMBIA DRIVE, CAPE CANAVERAL, FL 32920
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/21/1980 Document number: 751172
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)

Vidoni, Nicholas

959 N COCOA BLVD, UNIT 5

COCOA, FL 32922

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

COASTAL LIVING COMMUNITY MANAGEMENT, LLC

170 PORTSIDE AVE, UNIT 201

P.O. Box NOT acceptable

CAPE CANAVERAL, FL 32920

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.

Kathleen Bailey, President  
Signature of an officer or director

KATHLEEN BAILEY, PRESIDENT  
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.

Penelope Holladay  
Signature of Registered Agent

8/1/2022

Date

If signing on behalf of an entity:

PENELOPE HOLLADAY

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