## 755801

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## **COVER LETTER**

Division of	Corporations			
_				
SUBJECT: Sea Tern of Hutchinson Island Condominium Associat  Name of Corporation				
	ranis	or corporation		
DOCUMENT NU	MBER:	755801		
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:				
		1		
Deborah Ross, Esq				
Name of Contact Person				
Ross Earle & Bonan, P.A.				
	Firm/Company			
	789 S Federal Highway, Suite 101			
Address				
Stuart Fl 34994				
Stuart, FL 34994 City/State and Zip Code				
The state of the second for five annual constant and Good on				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
	Deborah Ross	at ( 772 )	287-1745	
Nar	ne of Contact Person	at ( <u>772</u> ) Area Code & Dayti	me Telephone Number	
Enclosed is a \$35.00 check made payable to the Department of State				
	•			
	Mailing Address:	Street Address:	<u>.</u>	
	Amendment Section	Amendment Se	ection	

The State of

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

TO:

Amendment Section

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta nge is submitted for a corporation organized under the laws of the State of Fl r to change its registered office or registered agent, or both, in the State of Flo	orida
<ol> <li>The name of t</li> <li>The principal</li> </ol>	the corporation: Sea Tern of Hutchinson Island Condominiu office address: c/o Delta Management Group, 1713 Rio Vista Drive, FL 34949	ım Association, Լր¢
3. The mailing a	ddress (if different): same as above	
4. Date of incorp	poration/qualification: 01/08/1981 Document number:	755801
	street address of the current registered agent and registered office on file with tment of State: (If resigned, enter resigned)	the
	Ross Earle & Bonan, P.A.	á <sup>n</sup>
	759 S Federal Highway, Suite 212	n.
	Stuart, FL 34994	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered offic	EILED 29 AM C
	Ross Earle & Bonan, P.A.	10 5 5
	789 S Federal Highway, Suite 101	
	P.O. Box NOT acceptable	
	Stuart, FL 34994	
The street addre	ss of its registered office and the street address of the business office of its be identical.	registered agent,
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an of the change.	fficer so
Sou Signatur	e of an officer or director  Printed or typed name and title	Resolut
_	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and comp d I am familiar with and accept the obligation of my position as registered ng filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	
Sign	indure of Registered Agent Date	<del> </del>
If signing on be	half of an entity:	
EUZABETH TY	BON AN; ESQ.	

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