

755925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

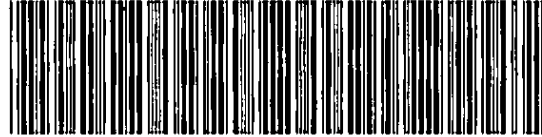
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 24 2019  
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COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: OCEANSIDE CONDOMINIUM, INC.  
Name of Corporation

DOCUMENT NUMBER: 755925

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 MANAGEMENT, 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

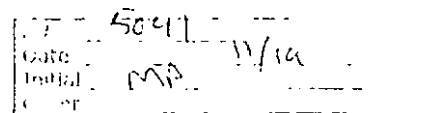
Enclosed is a \$35.00 check made payable to the Department of State.

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



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TALLAHASSEE, FLORIDA

**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: OCEANSIDE CONDOMINIUM, 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: 1/16/1981 Document number: 755925

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)

101 S. PENINSULA 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

P.O. Box NOT acceptable

PORT ST LUCIE, FL 34986

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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.

Anthony Sommo  
Signature of an officer or director

ANTHONY SOMMO / 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.*

Kathleen Pass  
Signature of Registered Agent

1/16/18  
Date

If signing on behalf of an entity:

Anthony Sommo  
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