

757542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

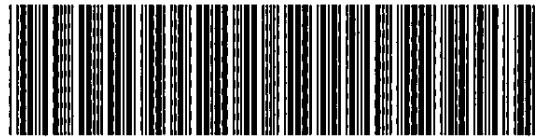
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sea Dunes Pieces Of Eight, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** 757542

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:

Jeri-Ann McCauley JM  
(Name of Contact Person)

Pieces Of Eight Homeowners Association  
(Firm/Company)

4375 S. Atlantic Ave. #7  
(Address)

New Smyrna Beach, FL. 32169  
(City/State and Zip Code)

For further information concerning this matter, please call:

same at ( 386 ) 663-7944  
(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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

PC0245

**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: Sea Dunes Pieces Of Eight Association, Inc.
2. The principal office address: 4375 S. Atlantic Ave. #7  
New Smyrna Beach, FL. 32169
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: 757542
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

David Edelson MD (President)  
4375 S Atlantic Blvd, UNIT A4  
New Smyrna Beach, FL 32169

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

Jeri-Ann McCauley (Treasurer) TM  
4375 S. Atlantic Ave. #7  
(P.O. Box NOT acceptable)  
New Smyrna Beach, FL. 32169

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.

Jeri-Ann McCauley TM Jeri-Ann McCauley Treasurer TM  
(Signature of an officer or director) (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.*

Jeri-Ann McCauley TM 9/11/07  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(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 (8/05)

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