

758490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700304441067

10/12/17--01011--003 **35.00

FILED

17 OCT 12 PM 1:10

SECRETARY OF STATE
TREASURER OF FLORIDA

Macgy
OCT 13 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Islander Owners Association, Inc
Name of Corporation

DOCUMENT NUMBER: 758490

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:

Megan Pollak

Name of Contact Person

The Islander Owners Association, Inc

Firm/Company

502 Gulf Shore Dr.

Address

Destin, FL 32541

City/State and Zip Code

megan@islander-resort.com

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

For further information concerning this matter, please call:

Megan Pollak

Name of Contact Person

at (850) 240-8826

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

**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 Islander Owners Association, Inc.
2. The principal office address: 502 Gulf Shore Dr.
Destin, FL 32541
3. The mailing address (if different): _____
4. Date of incorporation/qualification: May 22, 1981 Document number: 758490
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)

resigned

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

Megan Pollak

502 Gulf Shore Dr.

P.O. Box NOT acceptable

Destin, FL 32541

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.

Merrilyn Cook

Signature of an officer or director

Merrilyn Cook, TREASURER

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.

Megan Pollak

Signature of Registered Agent

10/5/2017

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 (03/12)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 OCT 12 PM 1:10

FILED