76/015

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SECRETARY OF STATE
DIVISION OF CORPORATION

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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 4, 2016

RICHARD YORK 1051 1000 ISLANDS PKWY MALLORYTOWN, ONTARIO CANADA, XX K0E1R XX

SUBJECT: OCEAN TRAIL VILLAS OWNERS ASSN., INC.

Ref. Number: 761015

We have received your document for OCEAN TRAIL VILLAS OWNERS ASSN., INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 916A00009275

850-245-6047

-) See attached amended forms. Thank your.

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HER CORPORATIONS

www.sunbiz.org

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: OCEAN TRAIL VILLAS & Name of Cor	poration
DOCUMENT NUMBER: 761015	
The enclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing.
Please return all correspondence concerning this matter t	to the following:
RICHARD YORK / C/	act Person
Firm/Con	npany
1605 YATES DRIVE Addre	SS
MERRITT ISLAND, FL City/State and RICKLILYORK @ G-MI E-mail address: (to be used for fut	•
For further information concerning this matter, please ca	
RICHARD YORK Name of Contact Person	at (613) 923-2665 Area Code & Daytime Telephone Number
Englosed \$35.00 check made payable to the Departm	ent of State. (SENT APRIL 22, 2016)
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 provision's 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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: OCEAN TRAIL VINLAS OWNERS ASSN. INC.
2. The principal office address: 8202 CANAVERAL 8LV D.
CAPE CANAVERAL, FLORIDA 32920
3. The mailing address (if different): 1605 YATES DRIVE, MERRITT ISLAND,
FLURIDA 32952
4. Date of incorporation/qualification: 12/10/81 Document number: 761015
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)
SUZANNE HAZELAAR (RESIGNED)
CAPE CANAVERAL, FLORIDA 32920 6. The name and street address of the new registered agent (if changed) and /or registered office
CAPE CANAVERAL, FLORIDA 32920
(if changed):
RICHARD YORK C/O GEORGE BOWMAN 5
1605 YATES DRIVE MERRITT ISLAND P.O. Box NOT acceptable
FLORIDA, 82952
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.
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.
Ryock May 17, 2016 Signature of Registered Agent
Signature of Registered Agent Date If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX-6327, TALLAHASSEE, FL 32314

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