

162137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

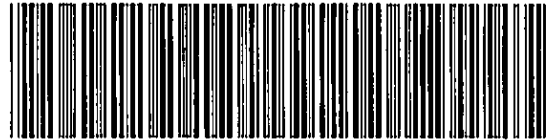
(Business Entity Name)

(Document Number)

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2019 DEC 23 PM 1:45  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 4, 2019

KATHY TAYLOR  
HOLIDAY ISLES PROPERTY MANAGEMENT, INC.  
11350-66TH ST.N. SUITE 124  
LARGO, FL 33773

SUBJECT: INDIAN SHORES BEACH HOUSE CONDOMINIUM ASSOCIATION,  
INC.  
Ref. Number: 762137

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

The registered agent must sign accepting the designation.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 719A00024552

2019 DEC 09 PM 12:16

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Indian Shores Beach House Condo A  
Name of Corporation

DOCUMENT NUMBER: 762137

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:

Kathy Taylor

Name of Contact Person

Holiday Isles Property Mgmt., Inc.

Firm/Company

11350 - 66th ST. N. Suite 124

Address

Largo, FL 33773

City/State and Zip Code

Ktaylor@holidayislespm.com

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

For further information concerning this matter, please call:

Rachael Dennis

Name of Contact Person

at ( 727 ) 548-9402

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: Indian Shores Beach House Condo Association, Inc.
2. The principal office address: 901 N. Hercules Ave. - Suite A  
Clearwater, FL 33765
3. The mailing address (if different): c/o Holiday Isles Property Mgmt., Inc.  
11350 - 66th St. N. Suite 124, Largo, FL 33773
4. Date of incorporation/qualification: 3-1-1982 Document number: 762137
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)

Frank Carswell

19940 Gulf Blvd.

Indian Shores, FL 33785

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

Holiday Isles Property Mgmt., Inc.

11350 - 66th St. N. Suite 124

P.O. Box NOT acceptable

Largo, FL 33773

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.

X

Signature of an officer or director

Tim Maybe

Tim Mabey

Printed or typed name and title

President

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.

Rachael M. Dennis

Signature of Registered Agent

12/19/19

Date

If signing on behalf of an entity:

Rachael M. Dennis

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)

2019 DEC 23 PM 1:45  
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OFFICE  
TALLAHASSEE, FL

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