

(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(City/State/Zip/F110He #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Comments)
Codification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>

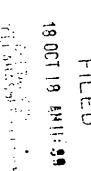
Office Use Only



800319767338

10/18/18--01025--027 \*#35.00

S TALLENT OCT 2 6 2018



RI Preud

## **COVER LETTER**

Division of Corporations
SUBJECT: Baytree Condominium Association, Inc.
Name of Corporation
DOCUMENT NUMBER: 764520
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:
Jane Cornett
Name of Contact Person
Becker & Poliakoff, P.A.
Firm/Company
759 SW Federal Highway, Suite 213
Address
Stuart, FL 34994
City/State and Zip Code
jcornett@beckerlawyers.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Charity Tull  Name of Contact Person  Name of Contact Person  Area Code & Daytime Telephone Number
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  Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502 statement of change is submitted for a corporation organization order to change its registered office or register	zed under the laws of the State of Florida	
1. The name of the corporation: Baytree Condomir	nium Association, Inc.	
2. The principal office address: c/o FirstService Residues Vero Beach, FL 32963	lential, 3055 Cardinal Drive, Suite 200	
3. The mailing address (if different):		
4. Date of incorporation/qualification: 8/11/1982	Document number: 764520	
5. The name and street address of the current registered ag Florida Department of State: (If resigned, enter resigned		
FirstService Residential		
3055 Cardinal Drive, Suite 20	00 20 20	
Vero Beach, FL 32963	00 001 18	TI =
6. The name and street address of the new registered agent (if changed):	• (it offininges) and for registered extrem	
Becker & Poliakoff, P.A. / Jai	ne Cornett, Esq.	
759 SW Federal Highway, St		
Stuart, FL 34994		
The street address of its registered office and the street a as changed will be identical.	ddress of the business office of its registered agen	ıt,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.	
Signature of an officer of director	Suzanne Johnson Printed or typed name and title	
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all status performance of my duties, and I am familiar with and ac agent. Or, if this document is being filed merely to reflect hereby confirm that the corporation has been notified in	agree to act in this capacity.  tes relative to the proper and complete  cont the obligation of my position as registered.	
If signing on behalf of an entity:  Typed or Printed Name		

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