

764921

(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



700277994887

10/23/15--01005--016 **35.00

FILED
2015 OCT 23 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA/R0/ch8

OCT 23 2015
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KEY COLONY PROPERTY OWNERS ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: 764921

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 L. CORNETT, ESQ.

Name of Contact Person

BECKER & POLIAKOFF, P.A.

Firm/Company

401 SE OSCEOLA STREET, FIRST FLOOR

Address

STUART, FL 34994

City/State and Zip Code

JCORNETT@BPLEGAL.COM

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

For further information concerning this matter, please call:

JANE L. CORNETT, ESQ. at (772) 286-2990

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

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: KEY COLONY PROPERTY OWNERS' ASSOCIATION, INC.
2. The principal office address: 2090 COLONIAL ROAD #7 FORT PIERCE, FL 34950

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/09/1982 Document number: 764921

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)

FEE, FRANK ESQ. FEE, DEROSS, & FEE, III 426 AVENUE A FORT PIERCE, FL 34950

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

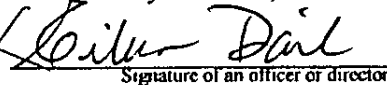
Cornett, Jane L. Esq., Becker & Poliakoff, P.A.

401 SE Osceola Street, First Floor, Stuart, FL 34994

P.O. Box NOT acceptable

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

Eileen Dail Secretary KCPWA
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.


Signature of Registered Agent

8-19-15
Date

If signing on behalf of an entity:

JANE L. CORNETT
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

FILED
2015 OCT 23 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA