766031

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R.A. Chang C.COULLIETTE

AUG 25 2009

EXAMINER

LAW OFFICES OF CORNETT, GOOGE & ASSOCIATES, P.A.

JANE L. CORNETT HOWARD E. GOOGE* ROBERT G. RYDZEWSKI JR. MICHAEL O. DERMODY**

CHARLES W. SINGER OF COUNSEL

LYNN D. SCHWARTZ, CLA MICHELLE GOOGE, FRP

*CERTIFIED CIRCUIT CIVIL MEDIATOR **ALSO ADMITTED IN NEW JERSEY

401 SE OSCEOLA ST.
SUITE 101
RIVER OAK CENTER
STUART. FLORIDA 34994

MAILING ADDRESS: POST OFFICE BOX 66 STUART, FL 34995-0066

> (772) 286-2990 FAX (772) 286-2996

August 20, 2009

Secretary of State Division of Corporations Department of State Post Office Box 6327 Tallahassee, Florida 32314

Re: Change of Registered Agent

Dear Sir or Madam:

Enclosed for filing is an original Statement of Change of Registered Agent for Avalon Beach Club Condominium Association, Inc., along with a photocopy to be date stamped and returned to me. A postpaid envelope is enclosed for your convenience.

Also enclosed is a \$35 check for your fee.

Thank you for your assistance in this matter and should you have any questions, please do not hesitate to give me a call at 1-772-286-2990, extension 19.

Sincerely,

Lisa A. Arnold, Assistant to Jane L. Cornett, Esquire

/laa

Enclosure

F:\DATA\COMMON\AMENDMENTS\SECTY.registeredagent wpd.wpd

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

Pursuant to the provisions of sections 60 statement of change is submitted for a co	orporation organize	d under the laws of the Sta	ue of Florida
in order to change its registered	d office or registere	d agent, or both, in the Sta	te of Florida.
1. The name of the corporation: Avalo	on Beach Clul	<u> Condominium A</u>	ssociation, Inc.
2. The principal office address: 355 S.	Ocean Dr., #10	0	
Fort Pierce, FL 34949	· · · · · · · · · · · · · · · · · · ·	<u></u>	
3. The mailing address (if different):			
4. Date of incorporation/qualification:	12/08/1982	Document number:	786031
5. The name and street address of the cur Florida Department of State: (If resign		at and registered office on	file with the
Bayshore Associate	ion Manageme	nt, Inc.	
430 NW Lake Whi	ney Place	·	
Port St. Lucie, FL	34986		
6. The name and street address of the new (if changed):	w registered agent (i	f changed) and /or register	red office
Jane L. Cornett, E.	sq.		
401 E. Osceola St	reet		
	P.O. Box NOT so	orptable	
Stuart, FL 34994			
The street address of its registered office as changed will be identical.	e and the street add	dress of the business offic	
Such change was authorized by resolut authorized by the board, or the corpora	ion duly adopted by tion has been notifi	y its board of directors or ed in writing of the chan	by an office Test
Joseph Joseph of March		JOSEPH G. DOS	Tere Thes DENT AL
/ //			ne and title
I further agree to comply with the provi of my duties, and I am familiar with an	isions of all statute d accept the obliva	gree to act of this capact s relative to the proper at tion of my position as res	nd complete performance
I hereby accept the appointment as reg I further agree to comply with the provi of my duties, and I am familiar with an document is being filed merely to reflec corporation has been notified in writing	t a change in the re of this change.	egistered office address,	hereby confirm that the
() ATT		8-201	S
Signature of Registered Agent		Date	7
If signing on behalf of an entity:			
Jane L. Cornett, Esq. 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 (8/05)

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

statement of char	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stating is submitted for a corporation organized under the laws of the State of Florida submitted for a corporation organized under the laws of the State of Floring its registered office or registered agent, or both, in the State of Floring its registered agent, or both, in the State of Floring its content of the state of Floring its registered agent.	orida	
1. The name of the	ne corporation: Avalon Beach Club Condominium Associa		
	office address: 355 S. Ocean Dr., #100		
Fort Pierce	, FL 34949		
3. The mailing ac	Idress (if different):		
4. Date of incorp	oration/qualification: 12/08/1982 Document number:	766031	·
	street address of the current registered agent and registered office on file with t ment of State: (If resigned, enter resigned)	he	
	Bayshore Association Management, Inc.		
	430 NW Lake Whitney Place	₹ø,	.
	Port St. Lucie, FL 34986		o No again
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	(A) (A) + (A) (A) + (A) (A) (A) + (A) (A) (A) + (A) (A) (A) (A) + (A)	1
	Jane L. Cornett, Esq.		
	401 E. Osceola Street	SIALE CORID	
•	P.O. Box NOT acceptable		วั
	Stuart, FL 34994	' ۳۰ باغی	
The street addres	ss of its registered office and the street address of the business office of its received.	egistered agent	,
Such change was	s authorized by resolution duly adopted by its board of directors or by an of board, or the corporation has been notified in writing of the change.	ficer so	
- osufferm	of an officer of director Printed or typed name and title	PRESIDE	NT ABC
I hereby accept to I further agree to of my duties, and document is being corporation has	the appointment as registered agent and agree to act in this capacity. In comply with the provisions of all statutes relative to the proper and completed in the proper and completed agent the obligation of my position as registered agent a change in the registered office address, I hereby the property of this change.	ete performanc gent. Or, if thi confirm that the	8 5 !
Jane	e L. Cornett, Esq.		

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