

769670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

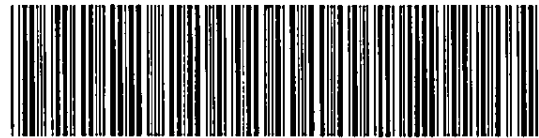
(Business Entity Name)

(Document Number)

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10/02/17--01042--005 \*\*85.00

S TALLENT  
OCT 27 2017

FILED  
17 OCT 27 AM 5:19  
SECRETARY OF STATE  
TALLASSEE, FLORIDA

R/A-CH



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 5, 2017

ALLEN R. MYERS  
ST. THOMAS SQUARE MASTER OWNERS ASSOCIAT  
8730 THOMAS DR.  
PAMAMA CITY BEACH, FL 32408

SUBJECT: ST. THOMAS SQUARE MASTER OWNERS ASSOCIATION, INC.  
Ref. Number: 769670

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):

PLEASE FILL OUT ALL HIGHLIGHTED AREAS ON THE DOCUMENT.

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

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: 717A00020157

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ST. THOMAS SQUARE MASTER OWNERS ASSOCIATION, INC.  
Name of Corporation

DOCUMENT NUMBER: \_\_\_\_\_

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:

*R.*  
ALLEN MYERS  
Name of Contact Person

ST. THOMAS SQUARE MASTER OWNERS ASSOCIATION, INC.  
Firm/Company

8730 THOMAS DR.  
Address

PANAMA CITY BEACH, FL 32408  
City/State and Zip Code

STSMOA@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

*R.*  
For further information concerning this matter, please call:

ALLEN MYERS at (850) 235-7927  
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

**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: ST. THOMAS SQUARE MASTER OWNERS ASSOCIATION, INC.

2. The principal office address: 8730 THOMAS DRIVE

PANAMA CITY BEACH, FL 32408

3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 7/29/83 Document number: 769-70  
1983

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)

RESIGNED

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

R.

ALLEN MYERS

8730 THOMAS DRIVE

P.O. Box NOT acceptable

PANAMA CITY BEACH, FL 32408

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.

Allen R. Myers  
Signature of an officer or director

Allen R. Myers, President  
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.

Allen R. Myers  
Signature of Registered Agent

9/23/17  
Date

If signing on behalf of an entity:

Allen R. Myers  
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)

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