

H02026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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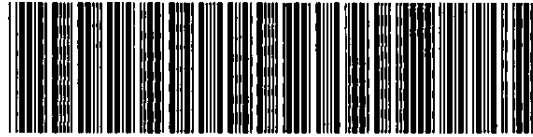
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

RA change
Taxes
6-9-09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Boca Ciega Residents' Assoc. Inc
(Name of Corporation)

DOCUMENT NUMBER: H 02026

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:

ROBERT A BABCOCK
(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)

For further information concerning this matter, please call:

Robert A Babcock at (727) 548-9402
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 14, 2009

ROBERT A. BABCOCK
HOLIDAY ISLES PROPERTY MGMT, INC.
11350 66TH STREET NORTH, SUITE 124
LARGO, FL 33773

SUBJECT: BOCA CIEGA RESIDENTS' ASSOCIATION, INC.
Ref. Number: H02026

We have received your document for BOCA CIEGA RESIDENTS' ASSOCIATION, INC. 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 document must be signed by an officer or director, please print or type name and title.~~

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 709A00016477

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JUN -8 AM 8:00

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**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: Boca Ciega Residents' Association, Inc.
2. The principal office address: 11200 WALSHAMHAM RD
LARGO FL 33778
3. The mailing address (if different): 11350 66th ST N. SUITE 124
LARGO, FL 33773
4. Date of incorporation/qualification: _____ Document number: 14 02026
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

QUALIFIED PROPERTY MGMT INC
5501 US 19 N # 70
NEWPORT RICHLEY FL 34652

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

ROBERT A BABCOCK
11350 66th N # 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.

Paul Johnson V.P.
(Signature of an officer or director)

PAUL JOHNSON
(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.

Robert A Babcock
(Signature of Registered Agent)

5/1/09
(Date)

If signing on behalf of an entity:

ROBERT A BABCOCK
(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)

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TALLAHASSEE, FLORIDA