NO100003276

(Re	questor's Name)	- 31
(Ad	dress)	
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(Cit	y/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	, MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 20, 2011

BRUCE KING KINGS MANAGEMENT SERVICES, INC. P O BOX 32248 PALM BEACH GARDENS, FL 33420

SUBJECT: BRIAR BAY COMMUNITY ASSOCIATION, INC.

Ref. Number: N0100003276

We have received your document for BRIAR BAY COMMUNITY ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 611A00001576

TO: Amend Division	dment Section on of Corporations	;	4			
SUBJECT:	Briar Bay Comn	nunity Associate of Corporation	ciation, Inc.			
DOCUMENT	NUMBER:	N0100000	3276			
	Statement of Change of Registere			ted for filing.		
Please return a	Il correspondence concerning th	is matter to the fo	ollowing:			
		-				
	Bruce King Name of Contact Person					
	14an	ic of Comact I ci	SOII			
	Kings Man	nagement Sen	vices, Inc.			
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	Kings Man	O Box 32248		ा. ज्ञासम्बद्धाः इ. ज्ञासम्बद्धाः		
		Address	and the second second	N. post		
	• • • • • • • • • • • • • • • • • • • •					
	Palm Bea	ch Gardens. F	FL 33420			
Palm Beach Gardens, FL 33420 City/State and Zip Code						
	E-mail address: (to be use	gsmanageme	nt.com	cation)		
	L-man address. (to be use	su for future an	nuar report nour	cation)		
For further info	ormation concerning this matter,	nlease call:				
	simusion voitevitting this mucter,	prouse our.				
	Bruce King	at (561	627-0480		
	Name of Contact Person	Aı	rea Code & Daytin	ne Telephone Number		
Enclosed is a \$3	35.00 check made payable to the	Department of	State.			
	Mailing Address:		Street Address	,		
	Amendment Section	ي يعم ما ي	Street Address: Amendment Sec	ction .		
	Division of Corporat		Division of Cor	porations		
	P.O. Box 6327		Clifton Buildin	•		
	Tallahassee, FL 3231	ι 4	2661 Executive			
	•	• • •	Tallahassee, FL	. 32301		

TO:

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

statement of change is submitted for a corporation organized under the laws of the State of Florida Florida
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Briar Bay Community Association, Inc.
2. The principal office address: 3400 Celebration Boulevard, West Palm Beach, FL 33411
3. The mailing address (if different): c/o Kings Management Services, Inc.
P.O. Box 32248 Palm Beach Gardens, FL 33420
4. Date of incorporation/qualification: 05/09/2001 Document number: N0100003276
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)
WYANT-CORTEZ, CLAIRE
860 US HIGHWAY ONE, Suite 108
NORTH PALM BEACH FL 33408
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ALLIANCE CAS, LLC
1000 E. HALLANDALE BEACH BLVD. SUITE B-20
P.O. Box NOT acceptable
HALLANDALE BEACH FL 33009
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.
Brian Dowling, President Signature of an officer or director 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 Date
If signing on behalf of an entity:
Evan B. Phillips 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