## NDIDDDDD5001

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

Office Use Only



700240791247

10/17/12--01008--017 \*\*35.00

THE OCT IT PH 2: I

RA ROCHS

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

The Twin Palms Resort Condominium Association, Inc.

Name of Corporation

DOCUMENT NUMBER: NO100005601

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:

Elizabeth J. Walters, Esq.

Name of Contact Person

Burke, Blue, Hutchison, Walters & Smith, P.A.

Firm/Company

16215 Panama City Beach Parkway

Address

Panama City Beach, FL 32413

City/State and Zip Code

ewalters@burkeblue.com

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

For further information concerning this matter, please call:

Elizabeth J. Walters

.,,850

236-4444

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

CR2E045 (03/12)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida recipions r to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: The Twin Palms Resort Condominium Association, Inc.
2. The principal	office address: 10519 Front Beach Road  City Beach, FL 32407
	address (if different): Southern Association Management
	ce Blankenship, 4608 Opa Locka Lane, Suite 300, Destin, FL 32541
	poration/qualification: August 8, 2001 Document number: N0100005601
5. The name and	I street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)
	Southern Association Management
	4608 Opa Locka Lane, Suite 300
	Destin, FL 32541
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Elizabeth J. Walters, Esq.
	Burke, Blue, Hutchison, Walters & Smith, P.A.
	PO Box NOT acceptable  16215 Panama City Beach Parkway, Panama City Beach, FL 32413
The street addre	ess of its registered office and the street address of the business office of its registered agent.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Joseph	Steve Dean, President Printed or typed name and title
I further agree i performance of agent. Or, if th	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
$-\frac{\mathcal{U}_{\text{Sig}}}{}$	Multiple de 8/20/12  Date  Date
If signing on be	chalf of an entity:
	. Walters, Esq.
T	vped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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