

08/18/2011 13:55 Debbie

Division of Corporations

(FAX) 904 825 4862

P.001/003

Page 1 of 1

N01272

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000206891 3)))



H110002068913ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : UPCHURCH, BAILEY & UPCHURCH, P.A.
Account Number : 075350000207
Phone : (904) 829-9066
Fax Number : (904) 825-4862

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Safaustini@UBULAW.COM

**REGISTERED AGENT CHANGE
COQUINA LAKES CONDIMINUM ASSOCIATION, INC.**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$52.50

RECEIVED
11 AUG 18 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2011 AUG 18 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

BRADA 8-19-11

H11000206891 3

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Coquina Lakes Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N01272

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:

Stephen A. Faustini, Esquire
Name of Contact Person

Upchurch, Bailey & Upchurch, P.A.
Firm/Company

Post Office Drawer 3007
Address

St. Augustine, Florida 32085-3007
City/State and Zip Code

safaustini@ubulaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephen A. Faustini at (904) 829-9066
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

H11000206891 3

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

H11000206891 3

**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: Coquina Lakes Condominium Association, Inc.
2. The principal office address: 700 West Pope Road, Suite C-18
St. Augustine, Florida 32080
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 02/07/1984 Document number: N01272
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)

Sellers, Cathleen650 West Pope Road, #267St. Augustine, Florida 32080

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

Stephen A. Faustini, EsquireUpchurch, Bailey & Upchurch 780 N Ponce de Leon Blvd.P.O. Box NOT acceptableSt. Augustine, Florida 32084

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.

Roberta H. Butler
Signature of an officer or director

Roberta H. Butler, 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.

August C. Smith
Signature of Registered Agent

8-18-2011Date

If signing on behalf of an entity:

H11000206891 3

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
CR21E045 (8/05)

FILED
2011 AUG 18 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA