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Office Use Only



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COVER LETTER

TO: Amendment Section **Division of Corporations**

SUBJECT: Locks Landing Community Docking Facility
Con Dominium (Name of Corporation)
Historia tion, Inc DOCUMENT NUMBER: N 0 3 00 00 0 4 9 0 9

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:

Terry Zalben
(Name of Contact Person)

T+T Personalized Managemen (Firm/Company)

0 Box 1863
(Address)

C: 1, F/ 3499/ (City/State and Zip Code)

For further information concerning this matter, please call:

Terry Zalben
(Name of Contact Person) at (**877**) **288-29-5** (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

August 15, 2008

JERRY ZALBEN J & J PERSONALIZED MANAGEMENT P.O. BOX 1863 PALM CITY, FL 34991

SUBJECT: LOCKS LANDING COMMUNITY DOCKING FACILITY

CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N03000004909

We have received your document for LOCKS LANDING COMMUNITY DOCKING FACILITY CONDOMINIUM 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):

Please list the corporate document number and the date of incorporation on the form.

The current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 608A00046207

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 61 statement of change is submitted for a corporation organized under the law in order to change its registered office or registered agent, or both	es of the State of
1. The name of the corporation: Locks Landing Local The principal office address: 8884 SW Fisherm. Stuart, Fl 34887	mmunity Docking Faci
3. The mailing address (if different): 80 Box 1863, Palm City.	F1 34991
4. Date of incorporation/qualification: <u>L. 5 200.3</u> Document n 5. The name and street address of the current registered agent and registered Florida Department of State:	
FT Pierre, F1 3498	TO SET
6. The name and street address of the new registered agent (if changed) and (if changed): Maxing Moel, Esqu	9 000
(P.O. Box NOT acceptable) Stuart, Fl 34995 - 28 The street address of its registered office and the street address of the buas changed will be identical.	846
Such change was authorized by resolution duly adopted by its board of authorized by the board, or the corporation has been notified in writing of the such that the such t	directors or by an officer so of the change.
I hereby accept the appointment as registered agent and agree to act in I further agree to comply with the provisions of all statutes relative to the of my duties, and I am familiar with and accept the obligation of my post document is being filed mereby to reflect a change in the registered offic corporation has been notified in writing of this change.	this capacity. see proper and complete performance sition as registered agent. Or, if this see address, I hereby confirm that the
(Signature of Registered Agent) If signing on behalf of an entity:	08/06/08 (Date)
(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)