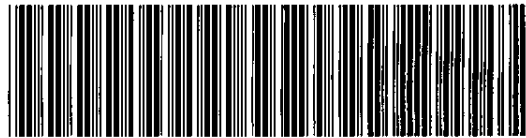


N03144



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Rolch
@ 9/30/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SURFSIDE OWNERS ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N03144

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:

ANCHORS, MICHELLE
Name of Contact Person

KEEFE, ANCHORS, GORDON & MOYLE
Firm/Company

2113 LEWIS TURNER BLVD, SUITE 100
Address

FORT WALTON BEACH, FL 32547 US
City/State and Zip Code

MANCHORS@KAGMLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANCHORS, MICHELLE at (850) 863-1974
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

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SURFSIDE OWNERS ASSOCIATION, INC.

2. The principal office address: 1096 SCENIC GULF DR. C-101, MIRAMAR BEACH FL 32550 US

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/16/1984 Document number: N03144

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)

ANCHORS, MICHELLE

909 MAR WALT DR, STE 1022

FORT WALTON BEACH FL 32547 US

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

ANCHORS, MICHELLE

2113 LEWIS TURNER BLVD, SUITE 100

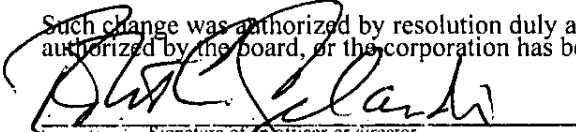
P.O. Box NOT acceptable

FORT WALTON BEACH, FL 32547 US

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11 SEP 29 AM 8:45


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.


Signature of an officer or director

Robert C. Gelardi, Pres.
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

Sept 26, 2011
Date

If signing on behalf of an entity:

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