

ND40000000232

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

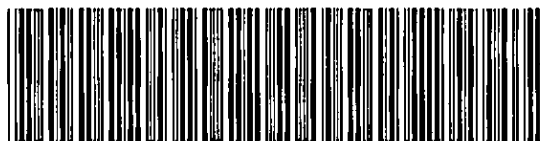
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TALLAHASSEE, FLORIDA

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JUL 18 2018

ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BAYPORT CONDOMINIUMS ASSOCIATION OF BREVARD, INC.
Name of Corporation

DOCUMENT NUMBER: N04000006232

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:

Leticia Dusenbery

Name of Contact Person

BAYPORT CONDOMINIUMS ASSOCIATION OF BREVARD, INC.

Firm/Company

PO Box 1750

Address

Cape Canaveral, FL 32920

City/State and Zip Code

ticidusey@gmail.com

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

For further information concerning this matter, please call:

Leticia Dusenbery

Name of Contact Person

at (321) 213-1793

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

July 2, 2018

LETICIA DUSENBERY
BAYPORT CONDOMINIUMS ASSOCIATION
P.O. BOX 1750
CAPE CANAVERAL, FL 32920

SUBJECT: BAYPORT CONDOMINIUMS ASSOCIATION OF BREVARD, INC.
Ref. Number: N04000006232

We have received your document for BAYPORT CONDOMINIUMS ASSOCIATION OF BREVARD, 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 318A00013681

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18 JUL 17 PM 12:16
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TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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: Bayport Condominiums Association of Brevard, Inc.

2. The principal office address: 550 Casa Bella Drive, Cape Canaveral, FL 32920

3. The mailing address (if different): PO Box 1750, Cape Canaveral, FL 32920-1750

4. Date of incorporation/qualification: 06/23/2004 Document number: N04000006232

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)

Resigned

LORRAINE BARNELLA

373 Jeremy Court

MERRITT ISLAND, FL 32953

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

Leticia Dusenbery

8635 Villanova Drive Unit 1501

P.O. Box NOT acceptable

Cape Canaveral FL 32920

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.

James Murphy
Signature of an officer or director

James Murphy, 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.

Leticia Dusenbery
Signature of Registered Agent

May 30, 2018

Date

If signing on behalf of an entity:

Leticia Dusenbery
Typed or Printed Name

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

FILED
2018 JUL 17 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA