

NO 410000010000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

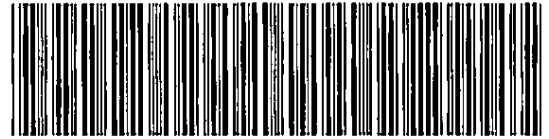
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pine Key Condominium Resort Association, INC
Name of Corporation

DOCUMENT NUMBER: N04000010038

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:

Donald Lee Franklin
Name of Contact Person

Pine Key Condominium Resort Association, INC
Firm/Company

1095 Hancock Creek S Blvd
Address

Cape Coral, FL, 33909
City/State and Zip Code

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

For further information concerning this matter, please call:

Gary Blankenbaker at 850, 245-6823
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Pine Key Condominium Resort Association, INC
- 2. The principal office address: 1095 Hancock Creek S Blvd, Cape Coral, FL 33909
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 22 October 2004 Document number: NO 4000010038
- 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)

Sentry Management, INC (resigned)
2130 West SR 434 STE 5000
Longwood, FL 32779

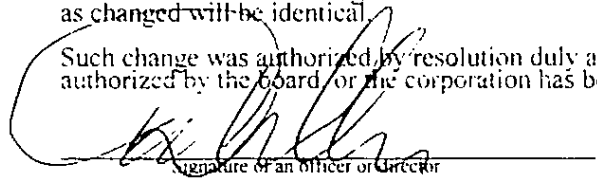
- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jo Donna I. Stout
1095 Hancock Creek S Blvd
P.O. Box NOT acceptable
Cape Coral, FL 33909

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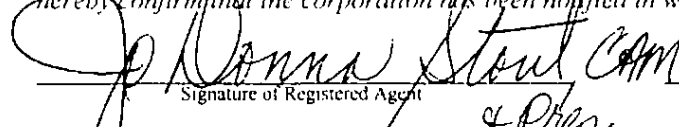
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Donald Lee Franklin, 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.

 Jo Donna Stout CAM 11-28-18
 Signature of Registered Agent Date
 & Pres.

If signing on behalf of an entity:


 Typed or Printed Name

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