## ~ NO4931

•					
(Requestor's Name)	_				
(Address)	_				
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)	_				
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



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## **COVER LETTER**

TO:	Amendment Division of	t Section Corporations					
SUBJ	ECT: Ma	rina Club Village (	Condominium Name of Corporation	Association, Inc	<u>c.</u>		
DOCU	JMENT NUI	MBER:	N0493	1			
The en	iclosed Staten	nent of Change of Registe	ered Office/Agent	and fee are submitted f	for filing.		
Please return all correspondence concerning this matter to the following:							
		•		-			
	_	C	harles S. Isler,	111			
		Na	ime of Contact Per	son			
		Isler, Sor	nbathy & Somb Firm/Company	athy, P.A.	<u> </u>		
			y				
		434	4 Magnolia Ave	nue			
	•		Address				
Panama City, Florida 32401 City/State and Zip Code							
		Ci	ty/State and Zip C	ode			
trisalvato@anchormanagement.com							
E-mail address: (to be used for future annual report notification)							
For fu	rther informat	ion concerning this matte	er, please call:				
		Michele Palo	at (	850 \	769-5532		
	Nam	e of Contact Person	at (	850 ) rea Code & Daytime T	elephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.							
		Mailing Address: Amendment Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	rations	Street Address: Amendment Section Division of Corporal Clifton Building 2661 Executive Ce	rations		

Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Single is submitted for a corporation organized under the laws of the State of $\underline{f}$ represents to change its registered office or registered agent, or both, in the State of Fig.	lorida
1. The name of t	he corporation: Marina Club Village Condominium Associ	ation, Inc.
2. The principal	office address: 4620 Bay Point Road, Panama City Beach, Florid	da 32408
3. The mailing a	ddress (if different): Post Office Box 27522, Panama City, Florida	32411
4. Date of incorp	poration/qualification: August 30, 1984 Document number:	N04931
	street address of the current registered agent and registered office on file wit tment of State: (If resigned, enter resigned)	h the
	Timothy Sloan	LLA ECKE
	427 McKenzie Avenue	FII L 13 HASS
	Panama City, Florida 32401	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered offi	I: 12 STATE LORIDA
	Charles S. Isler, III	_
	434 Magnolia Avenue	
	P.O. Box NOT acceptable  Panama City, Florida 32401	
=	ess of its registered office and the street address of the business office of it be identical.	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an ae board, or the corporation has been notified in writing of the change.	officer so
Signatur	Tullow LINDA WILSON PA	RESIDENT
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and cond I am familiar with and accept the obligation of my position as registered in filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	nplete performance d agent. Or, if this by confirm that the
<u>Cha</u>	nature of Registered Agent  Tuly 9, 2009  Date	
If signing on be	half of an entity:	
Charl	es 5. Usler	

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