

N05000000183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

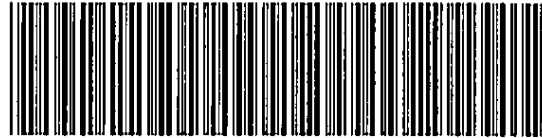
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19 AUG 13 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 14 2019
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 31, 2019

SANDY ELLIS COMM ASSN MGR LCAM, CMCA, AMS
RVA RESORT VACATIONS
4030 GULF OF MEXOCO DRIVE
LONGBOARD KEY, FL 34228

SUBJECT: SILVER SANDS ASSOCIATION, INC.
Ref. Number: N05000000183

We have received your document for SILVER SANDS 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):

The document must be signed by a member or an authorized representative of a member.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 319A00015686

RECEIVED

2019 AUG 13 PM 3:30

STATE OF FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Silver Sands Association, Inc.

Name of Corporation

DOCUMENT NUMBER: N05000000183

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:

Sandy Ellis Comm. Assn Mgr LCAM, CMCA, AMS

Name of Contact Person

RVA Resort Vacations.

Firm/Company

4030 Gulf of Mexico Dr.

Address

Longboat Key FL 34228

City/State and Zip Code

Sellis@RVAFL.Com

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

For further information concerning this matter, please call:

Sandy Ellis

Name of Contact Person

at (866) 870-6596

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: Silver Sands Association, Inc.
2. The principal office address: 5841 Gulf of Mexico Drive, Longboat Key, FL 34228
3. The mailing address (if different): 4030 Gulf of Mexico Drive, Longboat Key, FL 34228

4. Date of incorporation/qualification: 01/05/2005 Document number: N05000000183

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)

Becker & Poliakoff, P.A.

6230 University Parkway, Suite 204

Sarasota, FL 34240

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

Becker & Poliakoff, P.A.

1819 Main Street, Suite 905

P.O. Box NOT acceptable

Sarasota, FL 34236

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]
Signature of an officer or director

ROBERT W. BROWNING, JR., SECRETARY
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]
Signature of Registered Agent

6/26/19
Date

If signing on behalf of an entity:

Kevin L. Edwards, Esq.

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 (03/12)

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TALLAHASSEE, FLORIDA