NO 5000001714

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COVER LETTER

Division of Corporations
SUBJECT: Island Views andominim Association, Inc. (Name of Corporation)
DOCUMENT NUMBER: NO500001714
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:
Name of Contact Person)
Island Views Condominium Association, Inc (Firm/Company)
7007 Holmes Boulevara (Address)
Holmes Beach, FL 34217 (City/State and Zip Code)
For further information concerning this matter, please call:
Laurie Shuttleworth at (941) 779-0021 (Name of Contact Person) (Area Code & Daytime Telephone Number)

(Name of Contact Person)

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

TO:

Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH $_{\star}$. 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.
1. The name of the corporation: Island Views Condominium Association, Inc
2. The principal office address: 7005 - 7007 Holmes Blud
Holmes Beach, FL 34217
3. The mailing address (if different): 7007 Holmes Blvd
4. Date of incorporation/qualification: 02/17/2005 Document number: No 50000 17/4
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Laurie O. Shuttleworth
503 67h Street ==================================
Holms Beach, Fl.
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Laurie O. Shuttleworth
7007 Holmes Boulevara
Holmos Beach, FL 34217
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.
Milliam A. Shuttleworth, STD (Printed or typed name and tille)
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) G/26/06 (Date)
If signing on behalf of an entity:
Laurie O. Shuttleworth (Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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