## N0500005185

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## **COVER LETTER**

TO:	Amendmen Division o	nt Section f Corporations				
SUBJ	ECT: Mc	Call's Beach C	Castle Cond Name of C	ominium Associ Corporation	ation, Inc.	
DOC	UMENT NU	MBER:	N05	000005185		
The e	nclosed State	ment of Change of	Registered Offic	ce/Agent and fee are su	ubmitted for filing.	
Please	return all co	rrespondence conc	erning this matte	r to the following:		
			Kevin T. V	Vells, Esq.		
			Name of Co	ontact Person		
	The Levy Offices of Marin T Malle D A					
		I ne L		Kevin T. Wells, P., ompany	<u>A.</u>	
			riiii/C	ompany		
	1800 Second Street, Suite 803					
	Address					
	Sarasota, Florida 34236					
			City/State a	nd Zip Code	<del>- , . , </del>	
	_	E-mail address: (	to be used for i	future annual report	notification)	
For fu	rther informa	ation concerning thi	s matter, please	call:		
	K	evin T. Wells, Es	a.	941	266 0101	
		ne of Contact Perso		at ( <u>941</u> ) Area Code & I	366-9191 Daytime Telephone Number	
Enclos	sed is a \$35.0	00 check made paya	ible to the Depar	tment of State.		
		Bratting Add		S4 4 .1.1		
		Mailing Add: Amendment	<u>ress:</u> Section	Street Add Amendme		
		Division of		•	of Corporations	
		P.O. Box 63		Clifton Bu	-	
		Tallahassee,	FL 32314		cutive Center Circle	
\$r.:	-		•	Tallahasse	ee, FL 32301	

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida ange is submitted for a corporation organized under the laws of the State of ler to change its registered office or registered agent, or both, in the State of	Florida
1. The name of	The corporation: McCall's Beach Castle Condominium As office address: 5310 Gulf of Mexico Drive, Longboat Key, Florid	sociation, Inc.
3. The mailing	address (if different): 4030 Gulf of Mexico Drive, Longboat Key, F	Florida 34228
4. Date of incom	rporation/qualification: 05/18/2005 Document number:	N05000005185
5. The name an	nd street address of the current registered agent and registered office on file wartment of State: (If resigned, enter resigned)	rith the
	Kevin T. Wells, Esq.	
	22 S. Links Avenue, Suite 301	_
	Sarasota, Florida 34236	
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /or registered or	ffice 78 SE
	The Law Offices of Kevin T. Wells, P.A.	AHAT JE TI
1.37 <sub>3</sub>	1800 Second Street, Suite 803 P.O. Box NOT acceptable	IT IT ARY O SSEE
	Sarasota, Florida 34236	F ST
The street addr	ress of its registered office and the street address of the business office of ll be identical.	its registred agent,
Such change wanthorized by	vas authorized by resolution duly adopted by its board of directors or by a the board, or the corporation has been notified in writing of the change.	n officer so
Mich	al A Wolfe Scentap Mic LAN HILL Bure of an ornicer or director from Scentap Mic LAN Printed or typed name and	isty-secretar
I hereby accept I further agree of my duties, a document is be corporation he	of 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 count of amiliar with and accept the obligation of my position as register in filling the merely to reflect a change in the registered office address, I here we have a change in the registered office address, I here we have a change in the registered of the caddress of this change.	omplete performance red agent. Or, if this eby confirm that the
4 si	7/6/09 Ignature of Registered Agent Date	
C	pehalf of an entity:	
	evin T. Wells, 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 (8/05)

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