

N10500000070/2

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

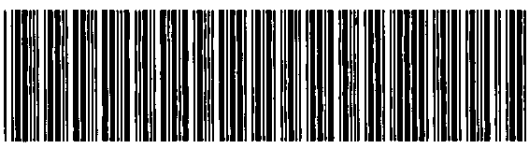
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700249481797

07/11/13--01012--011 **35.00

DA
Change
8/27/13

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL 11 PM 12:10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2013

NINA NESBIT
OWNER'S ASSOCIATION OF SEA PONES, INC.
POST OFFICE BOX 13505
MEXICO BEACH, FL 32410

SUBJECT: OWNERS ASSOCIATION OF SEAPINES, INC.
Ref. Number: N05000007072

We have received your document for OWNERS ASSOCIATION OF SEAPINES, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 413A00017347

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Owner's Association of Sea Pines, Inc.
Name of Corporation

DOCUMENT NUMBER: N05000007072

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:

Nina Nesbit
Name of Contact Person

Owner's Association of Sea Pines, Inc
Firm/Company

P.O. Box 13505
Address

Mexico Beach, FL 32410
City/State and Zip Code

nesshr@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erin Searcy at (850) 527-2429
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

*mailed
7-9-13
CK 1167*

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: OWNER'S ASSOCIATION OF SEAPINES, INC.
2. The principal office address: 1004 15TH STREET, #4
MEXICO BEACH, FL 32456
3. The mailing address (if different): P.O. BOX 13505, MEXICO BEACH, FL 32410
4. Date of incorporation/qualification: 2005 Document number: N0500007072
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)

Sarah S. Allen
108 Sundial Crt
Port St. Joe, FL 32456

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

Nina Nesbit
1004 15th Street, #4
P.O. Box NOT acceptable
Mexico Beach, FL 32456

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 JUL 11 PM 12:12

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.

Erin Searcy
Signature of an officer or director

ERIN SEARCY 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.

Nina Nesbit
Signature of Registered Agent

7-7-13
Date

If signing on behalf of an entity:

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