

N05000007981

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

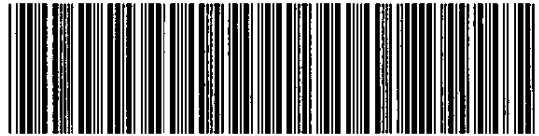
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TALLAHASSEE FLORIDA

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16

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MIRAMAR PALMS OWNERS' ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: NO5000007981

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:

CAROL WILLIAMSON
Name of Contact Person

DESTIN RESORTS
Firm/Company

321 HARBOR BLVD
Address

DESTIN, FL 32541
City/State and Zip Code

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

For further information concerning this matter, please call:

CAROL WILLIAMSON at (850) 650-9276
Name of Contact Person 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2009

CAROL WILLIAMSON
321 HARBOR BLVD
DESTIN, FL 32541

SUBJECT: MIRAMAR PALMS OWNERS' ASSOCIATION, INC.
Ref. Number: N05000007981

We have received your document for MIRAMAR PALMS OWNERS' 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 designation of the registered agent must be at a Florida street address.

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) 245-6957.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 009A00020574

RECEIVED
2009 JUN 25 AM 8:00
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TALLAHASSEE, FLORIDA

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: MIRAMAR PALMS OWNERS' ASSOCIATION INC.
2. The principal office address: 321 HARBOR BOULEVARD
DESTIN FL 32541
3. The mailing address (if different): _____

4. Date of incorporation/qualification: AUGUST 4 2005 Document number: N05 00000 7981

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)

DON CHILDERS
321 HARBOR BLVD
DESTIN, FL. 32541

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

CHERI BURNS
535 OAKLEAF WAY 321 Harbor BLVD.
P.O. Box NOT acceptable
ALPHARETTA, GA. 30004-0844 Destin, FL.
32541

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.

Cheri Burns
Signature of authorized officer

CHERI BURNS - PRESIDENT
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.

Cheri Burns
Signature of Registered Agent

5-21-09
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

CR2E045 (8/05)

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