N0500000833

(Requestor's Name)
•
(Address)
(Address)
(· ladi 535)
(City/State/Zip/Phone #)
C DICK LID C WAIT C MAII
PICK-UP WAIT MAIL
•
(Business Entity Name)
(Document Number)
. (Document (Variable)
0.475.40
Certified Copies : Certificates of Status :
Special Instructions to Filing Officer:
_
·

Office Use Only



900157227979

06/25/09--01010--010 ***35-00----

PILED 09 JUN 25 MM 10: 57 PALLAHASSEE FLORIDA

2000

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Bilmar Beach Resort Condominium Assoc., Inc.
DOCUMENT NUMBER: NOSCOCO 8083
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:
Tom Johnsen Name of Contact Person
Forbes Hamilton Management Co. Firm/Company
123 S. Clyde Avenue
Kissimmee, 7L 34741 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Katie Saume II Name of Contact Person at (407) 847-211 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Street Address: Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

* 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: Bilmar Beach Resort Condominium Assoc. The
2. The principal office address: 10650 Gulf Blud.
Treasure Island, 7L 32801
3. The mailing address (if different):
4. Date of incorporation/qualification: Qua, 2004 Document number: No500008083
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)
A.G.C. Co.
200 S. Orange Ave., Ste 2300
Odando, 7e 32801 == 8
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
123 S. Clyde Avenue P.O. Box NOT acceptable FLORD 55
Kissimmee, Le 34741
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 of an officer or director Signature of an officer or director 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 of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

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