

N050000008574

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

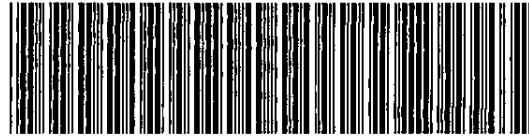
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2011

KIMBERLY KNIGHT
1930 HARNSON ST #503
HOLLYWOOD, FL 33020

SUBJECT: BAY TOWERS CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N05000008574

We have received your document for BAY TOWERS CONDOMINIUM 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 fee to resign as officer/director for a corporation is \$35 per person resigning.

The fee to change the registered agent is \$35.00.

There is a balance due of \$35.00.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 511A00028100

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BAY TOWERS CONDOMINIUM ASSOCIATION
Name of Corporation INC

DOCUMENT NUMBER: N050000008574

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:

Kimberly Knight
Name of Contact Person

BAY TOWERS
Firm/Company

1930 Harrison St #503
Address

Hiwd, FL 33020
City/State and Zip Code

Kimberly@energysmartindustry.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimberly at 904 272-8518 x101
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

\$35

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

1. The name of the corporation: BAY TOWERS CONDOMINIUM ASSOCIATION
2. The principal office address: 1930 Harrison St #503
HLWD, FL 33020
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/19/2005 Document number: N05000008574

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)

Camacho, Rebecca

A Name change only

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

Elwira Blazewicz

2825 S Washington Ave

P.O. Box NOT acceptable

Titusville, FL 32780

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

Printed or typed name and title

David Hour

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

12/6/11

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

CR2B045 (8/05)

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TALLAHASSEE, FLORIDA