

ND5000008728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

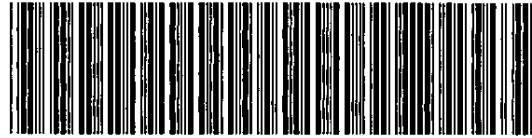
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DIVISION OF CORPORATIONS
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*C. Lewis
12-3-14*

TIMOTHY J. SLOAN, P.A.

ATTORNEYS AND COUNSELORS AT LAW
427 MCKENZIE AVENUE
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PANAMA CITY, FLORIDA 32402-2327

TIMOTHY J. SLOAN*
CHARLES J. STAFFORD**
*ALSO MEMBER OF
DISTRICT OF COLUMBIA
AND MISSOURI BARS
**ALSO MEMBER OF
GEORGIA BAR

TELEPHONE (850) 769-2501
FACSIMILE (850) 769-0824

November 18, 2014

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Tropic Winds Owners Association, Inc.

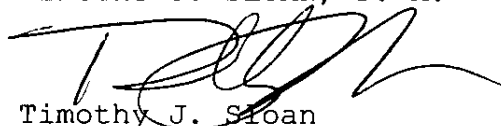
Gentlemen:

Enclosed please find an original Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above referenced corporation, together with a check in the amount of \$35.00 to cover the cost of filing. Please file the Statement at your earliest convenience.

Thank you for your assistance with this matter. If there are any questions, please do not hesitate to call collect.

Sincerely,

TIMOTHY J. SLOAN, P. A.



Timothy J. Sloan

TJS/mf
Encl.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TROPIC WINDS OWNERS ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N05000008728

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:

Timothy J. Sloan

Name of Contact Person

Timothy J. Sloan, P.A.

Firm/Company

427 McKenzie Avenue

Address

Panama City, FL 32401

City/State and Zip Code

JOSH @ f1coastalcompanies.com

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

X AND tropicwinds26@gmail.com

For further information concerning this matter, please call:

Timothy J. Sloan

Name of Contact Person

at (850) 769-2501

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

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

1. The name of the corporation: Tropic Winds Owners Association, Inc.
2. The principal office address: 17643 Front Beach Road, Suite 805, Panama City Beach, FL 32413

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/24/2005 Document number: N05000008728

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)

Jim Rossi

17643 Front Beach Road, Suite 805

Panama City Beach, FL 32413

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

Timothy J. Sloan

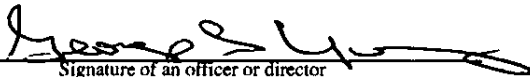
427 McKenzie Avenue

P.O. Box NOT acceptable

Panama City, FL 32401

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

George S. Young - 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.


Signature of Registered Agent

11/17/14
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 (03/12)

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DIVISION OF CORPORATIONS
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