

ND5000010988

(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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NOV 8 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Tides Condominium at Sweetwater by
Del Webb Association, Inc. Name of Corporation

DOCUMENT NUMBER: N05000010988

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:

Katie Hollis

Name of Contact Person

The Continental Group, Inc.

Firm/Company

9039 Del Webb Parkway

Address

Jacksonville, FL 32256

City/State and Zip Code

Khollis@tcgmgt.com

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

For further information concerning this matter, please call:

Katie Hollis

Name of Contact Person

at (904) 519-6673

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

CR2E045 (03/12)

OST 2
35.00 / 50053
10.4.12 / KH
10.4.12

check # 208
10-10-12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2012

KATIE HOLLIS
THE CONTINENTAL GROUP, INC.
9039 DEL WEBB PARKWAY
JACKSONVILLE, FL 32256

SUBJECT: THE TIDES CONDOMINIUM AT SWEETWATER BY DEL WEBB
ASSOCIATION, INC.
Ref. Number: N05000010968

We have received your document for THE TIDES CONDOMINIUM AT SWEETWATER BY DEL WEBB ASSOCIATION, 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):

The new registered agent listed in #6 must sign accepting the designation.

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.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 412A00025484

RECEIVED

12 NOV -8 AM 9:03

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Please see attached

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: The Tides Condominium at Sweetwater by Del Webb Association, Inc.
2. The principal office address: 9039 Del Webb Parkway Jacksonville, FL 32256
3. The mailing address (if different): N/A
4. Date of incorporation/qualification: 10/25/2005 Document number: N05000010988

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)

The Continental Group, Inc.
6620 Southpoint Drive S., Suite 610
Jacksonville, FL 32216

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

Michael J. McCabe, Attorney at Law
1400 Prudential Drive, Suite 5
Jacksonville, FL 32207

P.O. Box NOT acceptable

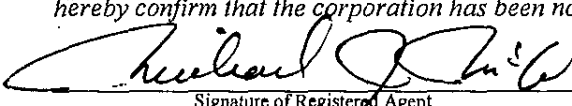
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Marlene J. Kovaly, 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

9/27/12
Date

If signing on behalf of an entity:

K. M. Hollis, LCM, Katie M. Hollis, LCM
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)

FILED
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TALLAHASSEE, FLORIDA
SECRETARY OF STATE