

N05000011019

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
BAYSHORE AT VISTA CAY CONDOMINIUM ASSOCIATION, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED

11 NOV -2 AM 8:08

TALLAHASSEE, FLORIDA

11 NOV -1 AM 10:20

11/2/11
TC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BAYSHORE AT VISTA CAY CONDOMINIUM ASSOCIATION, INC.

Name of Corporation

DOCUMENT NUMBER: N05000011019

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 Crawford

Name of Contact Person

RealManage, LLC

Firm/Company

16200 Addison Road

Address

Addison TX, 75001

City/State and Zip Code

timothy.crawford@realmanage.com

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

For further information concerning this matter, please call:

Timothy Crawford

Name of Contact Person

at (972) 380-3522
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

CR21:045 (8/05)

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: BAYSHORE AT VISTA CAY CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 1001 N. LAKE DESTINY ROAD SUITE 125, MAITLAND FL 32751
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/26/2005 Document number: N05000011019
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)

ARMSTRONG, JANICE C

1001 N. LAKE DESTINY ROAD SUITE 125

MAITLAND FL 32751

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

C T Corporation System

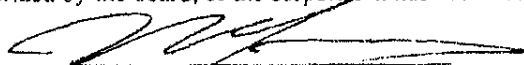
c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

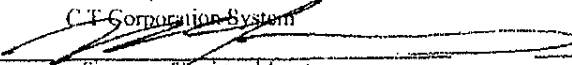


Signature of an officer or director

Michael Jones, Vice 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
corporation 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.*

By: C T Corporation System 11/1/2011


Signature of Registered Agent Date

If signing on behalf of an entity:

Michael Jones, Assistant Secretary

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)