

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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SEP. 10 2013

R. WHITE

SEP -3 PM 3: 4
SECRETARY OF STATE

COVER LETTER

Division of Corporations	
SUBJECT: Sea Spray Townhomes Condomini	
Name of Corpora	tion
DOCUMENT NUMBER: N05000011477	
The enclosed Statement of Change of Registered Office/Ager	nt and fee are submitted for filing.
Please return all correspondence concerning this matter to the	e following:
Dennis Basile	
Name of Contact P	erson
c/o Edwards Realty,	
Firm/Company	y .
1415 N. Atlantic Ave.	
Address	1
Cocoa Beach, FL. 32	
City/State and Zip	i
lisa7843600@yahoo.d	The state of the s
E-mail address: (to be used for future a	annual report notification)
For further information concerning this matter, please call:	
Lisa Durgin	321 ,784-3600
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of	of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

TO: Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

_	provisions of sections 607.0502, 617.0502, 607.1508 nge is submitted for a corporation organized under t	-	
•	r to change its registered office or registered agent,		
	he corporation: Sea Spray Townhomes Co	ndominium Association, Inc.	
2. The principal	office address: 1415 N. Atlantic Ave.		
Cocoa Be	each, FL. 32931		
3. The mailing a	ddress (if different):		 -
4. Date of incorp	poration/qualification: 2005 Docu	ment number: N05000011477	
	I street address of the current registered agent and re- tment of State: (If resigned, enter resigned)		
	resigned		
		ALL SECO	
6. The name and (if changed):	i street address of the new registered agent (if change	and /or registered office AFFARY	<u>—</u>
	Dennis Basile	OF S	
	c/o Edwards Realty, Inc.	SIA LOR	·
	P.O. Box NOT acceptable	5 A	
	1415 N. Atlantic Ave. Cocoa Beach, F	FI. 32931	
	ess of its registered office and the street address of the identical.		ıt,
Such change was authorized by the	is authorized by resolution duly adopted by its boar ne board or the corporation has been notified in wr		
Signatu	Receive Dennis	Basile, Reciever	
I hereby accept I hereby accept I further agree i performance of agent. Or, if thi hereby confirm	the appointment as registered agent and agree to a comply with the provisions of all statutes relative my duties, and I am familiar with and accept the of is document is being filed merely to reflect a chang that the corporation has been notified in writing of		
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Dennis Bas	ile		
	pped or Printed Name		
	* * * FILING FEE: \$35.00 *	r # *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)