

14050000 11518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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R. A. Chang
11/5/12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hickory Bay Boat Club Association Inc
Name of Corporation

DOCUMENT NUMBER: N05000011518

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:

Salvatore Schiafone
Name of Contact Person

Hickory Bay Boat Club Assoc. Inc
Firm/Company

4751 Bonta Beach Rd
Address

Bonta Springs, FL 34134
City/State and Zip Code

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

For further information concerning this matter, please call:

Salvatore Schiafone at (239) 498-2455
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

**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: Hickory Bay Boat Club Association Inc
2. The principal office address: 4751 Bonita Beach Road
Bonita Springs, FL 34134
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/14/2005 Document number: N05000011518
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)

Salvatore A Schiafone

4751 Bonita Beach Road

Bonita Springs, FL 34134

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

Rob Samouce, Samouce, Murrell & Gal, PA

5405 Park Central Court

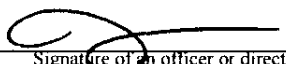
P.O. Box NOT acceptable

Naples, FL 34109

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TALLAHASSEE, FLORIDA

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

Salvatore Schiafone
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

10/29/12
Date

If signing on behalf of an entity:

Rob Samouce
Typed or Printed Name

***** FILING FEE: \$35.00 *****