

NO6000001522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

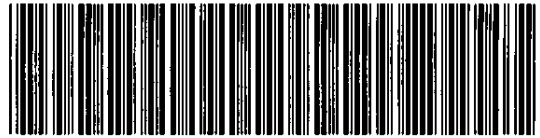
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Change

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ASR  
12/1/09

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: OCEANWALK AT NEW Smyrna Beach Bldg. #15 CONDO ASSOC, INC.  
Name of Corporation

DOCUMENT NUMBER: N06000001522

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:

ROBERT DEL ROSE  
Name of Contact Person

SURFCOAST REALTY, INC  
Firm/Company

366 FLAGLER AVENUE  
Address

NEW Smyrna Beach, FL 32169  
City/State and Zip Code

bob@SURFCOASTREALTY.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT DEL ROSE at (386) 426-6332  
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: OCEANWALK AT NEW SMYRNA BEACH-Building No. 15 Condominium Association, Inc.
2. The principal office address: 5300 S. ATLANTIC AVENUE, NEW SMYRNA BEACH, FL 32169
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 2/13/06 Document number: NO6000001522
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)

JESSE GRAHAM, SR.  
369 NEW YORK AVE, 3RD FLOOR  
WINTER PARK, FL 32789

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

SURFCOAST REALTY, INC.  
366 FLAGLER AVENUE  
P.O. Box NOT acceptable  
NEW SMYRNA BEACH, FL 32169

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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]  
Signature of an officer or director

R.W. BEGIN, 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]  
Signature of Registered Agent

11/11/09  
Date

If signing on behalf of an entity:

ROBERT DELROSE  
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)