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OCT 2 4 2017

I ALBRITTON

COVER LETTER

TO:

Amendment Section Division of Corporations

Palm Beach Water View Homes Owners Association, Inc.

Name of Corporation

DOCUMENT NUMBER: N06000006692

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:

Garth Bonney

Name of Contact Person

Bonney & Associates, P.A.

Firm/Company

514 Magnolia Avenue

Address

Panama City, Florida 32401

City/State and Zip Code

gbonney@bandslaw.org

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

For further information concerning this matter, please call:

Garth Bonney

850

215-6840

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 4, 2017

GARTH BONNEY BONNEY AND ASSOCIATES, PA P.O. BOX 737 PANAMA CITY, FL 32402

SUBJECT: PALM BEACH WATER VIEW HOMES OWNERS' ASSOCIATION

INC.

Ref. Number: N06000006692

We have received your document for PALM BEACH WATER VIEW HOMES OWNERS' ASSOCIATION INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file your document is \$35.

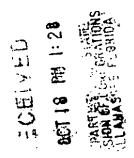
There is a balance due of \$10.00.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 517A00020042





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: Palm Beach Water View Homes Owners Association, I	nc.
2. The principal office address: 5143 Deep Water Court	
Panama City, Florida 32404	
3. The mailing address (if different): P.O. Box 15819	
Panama City, Florida 32406	
4. Date of incorporation/qualification: 06/21/2006 Document number: N06000006692	
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)	
Michael McQuaig	
5143 Deep Water Court	
Panama City, Florida 32404	71
5143 Deep Water Court Panama City, Florida 32404 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	I
Garth Bonney ين الله الله الله الله الله الله الله الل	بية ا
514 Magnolia Avenue	
P.O. Box, NOT acceptable	ŀ
Panama City, Florida 32404	
The street address of its registered office and the street address of the business office of its registered age as changed will be identical.	j ent.
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.	
Michael McQuaig Signature of In officer or director Pupiled of typed pages out type Pupiled of typed pages out type	
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 expressation has been notified in writing of this change.	
Signapure of Registered Agent 10 - 12 - 17 Date	 -
If signing on behalf of an entity;	
Fyped 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)