N06404

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



000161460600

Charge

10/08/09--01012--007 **35.00

ON OCT -8 PH 4: 42
SECRETARY OF STATE

10/9/09

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Capistrano Condoninium, Olivnora Casa cea
DOCUMENT NUMBER: NO6404
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:
Sheila Heaslett Name of Contact Person
Sea Breeze Association Mgmt. Co. Firm/Company
P.O. Box 611404 Address
Rosemany Beach Fl. 3246/
Sheas/e++eqol. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: State
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: Capistrano Con dominium Durara Ussecration	حد
2. The principal office address: 9064 E. County Road 30-A	<u>ک</u> ر
Janama City Wach, 7l. 32413	
3. The mailing address (if different): Roseman Beach 70. 32413	
4. Date of incorporation/qualification: 11-30-84 Document number: NO6404	
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)	
Walter R. Pritchett	
5311 E. County Hoy D-A Ste 3	
Santa Rosa Beach, 71. 32459 20 3	
6. The name and street address of the new registered agent (if changed) and /or registered office the street address of the new registered agent (if changed): Sheile Heaslett	
9064 E. County Highway 30A	
Panana City Beach, 7l. 324/3	
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 DEFM WHENCE - GRESIDENT APPLIERS ISON 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.	
Sheila Heaslett 10-3-09	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Capistrano.	
Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

Land to the mark that