

N07000001334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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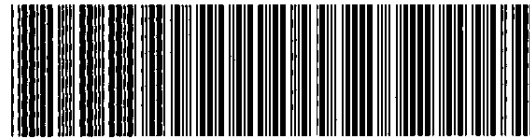
(Business Entity Name)

(Document Number)

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11/16/10

11/17/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: One Water Place Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N07000001334

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:

Stewart Lyman
Name of Contact Person

One Water Place Condominium Association, Inc.
Firm/Company

408 Kelly Plantation Drive
Address

Destin, FL 32541
City/State and Zip Code

sglyman@cox.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stewart Lyman at (850) 650-9034
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: One Water Place Condominium Association, Inc.
2. The principal office address: 408 Kelly Plantation Drive
Destin, FL 32541
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02-07-2007 Document number: N07000001334

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)

GARY A. SHIPMAN

1414 COUNTY HIGHWAY 283 SOUTH, SUITE B

SANTA ROSA BEACH, FL 32459

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

MICHELLE ANCHORS

4460 LEGENDARY DRIVE, SUITE 190

P.O. Box NOT acceptable

DESTIN, FL 32541

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.

Stewart F. Lyman
Signature of an officer or director

STEWART F. LYMAN
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.*

Michelle Anchors
Signature of Registered Agent

10/19/10
Date

If signing on behalf of an entity:

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)