## 118000002915

(Requestor's Name)					
(Address)					
(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:					
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Office Use Only



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## **COVER LETTER**

Amendment Section Division of Corporations TO:

SUBJECT: Beach Villas At The Oasis Cor Name of Co	ndominium Association					
Thank of Co	· portation					
DOCUMENT NUMBER: N080	NT NUMBER:N0800002915					
The enclosed Statement of Change of Registered Office/	Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter t	to the following:					
Steven W. Roberts						
Name of Cont	tact Person					
Sandals	Realty					
Firm/Company						
5218 Station Way Address						
Addre	ess					
Sarasota Flo	rida 34233					
Sarasota, Florida 34233 City/State and Zip Code						
swrobt@ad	ol.com					
E-mail address: (to be used for fur	ture annual report notification)					
	·					
For further information concerning this matter, please ca	11:					
Steven W. Roberts	at ( 941 ) 544-2721 Area Code & Daytime Telephone Number					
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Departm	nent of State.					
Mailing Address:	Street Address:					
Mailing Address: Amendment Section	Street Address: Amendment Section					
Division of Corporations						
P.O. Box 6327	Clifton Building					

Tallahassee, FL 32314

Tallahassee, FL 32301

2661 Executive Center Circle



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 2, 2011

STEVEN W. ROBERTS 5218 STATION WAY SARASOTA, FL 34233

SUBJECT: BEACH VILLAS AT THE OASIS CONDOMINIUM ASSOCIATION,

INC.

Ref. Number: N08000002915

We have received your document for BEACH VILLAS AT THE OASIS CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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) 245-6916.

Letter Number: 311A00018098

Carol Mustain Regulatory Specialist II

www.sunbiz.org

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	-		07.1508, or 617.1508, Flo l under the laws of the Stat	
in ord	er to change its registered	d office or registerea	l agent, or both, in the Stat	e of Florida.
1. The name of	the corporation: Beach	n Villas At The	Oasis Condomini	um Association ユヘビ
2. The principa	l office address: 5218 S	tation Way		
Sarasota,	Florida 34233			
3. The mailing	address (if different): Sa	me		
4. Date of incor	poration/qualification:	03/25/2008	_ Document number:	N08000002915
	d street address of the cur extremt of State: (If resign		and registered office on f	ile with the
	RoseBay Real Est	ate Inc.		
	1815 S. Osprey Av	/e.		
	Sarasota, Fl. 3423	9		
6. The name an (if changed):			f changed) and /or registers $(ABA = 5a \times 4$	hads Realty of SAMSO)
	5218 Station Way			—,. y
		P.O. Box NOT acc	cptable	
	Sarasota, Fl. 3423	3	***	<del></del>
The street addr as changed wil	ess of its registered offic l be identical.	e and the street add	ress of the business office	e of its registered agent,
Such change wauthorized by t	as authorized by resoluti he board, or the corporat	ion duly adopted by tion has been notifie	its board of directors or led in writing of the chang	by an officer so e.
Signati	ire of an officer or director	(JR)	Daniel Gus Printed or typed name	stafson e and title
I hereby accept I further agree of my duties, at document is be corporation ha	t the appointment as reg to comply with the provi nd I am familiar with an ing filed merely to reflec s been notified in writing	istered agent and ag ision <u>s of</u> all statutes is accept the obligat it a change in the re g of this change.	gree to act in this capacit relative to the proper an ion of my position as regi gistered office address, I	y. d complete performance istered agent. Or, if this hereby confirm that the
$\supset_{\ell}$	to w to		7/26/20	11'
	gnature of Registered Agent		Date	
If signing on bo	ehalf of an entity:			
	teven W. Roberts yped or Printed Name		••	•5

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

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