

NID864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

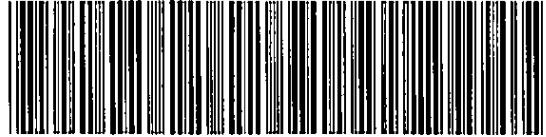
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Special Instructions to Filing Officer:

10/5/17 (10)

Patricia Shankle  
Advised to make  
All corrections

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2017 OCT -5 PM 2:12

SEP 29 2017  
TALL 10:05 AM '17

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OCT 05 2017

I ALBRITTON

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: SEA PARK PLAZA CONDOMINIUM ASSOCIATION INCC  
Name of Corporation

DOCUMENT NUMBER: N10864

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:

PATRICIA SHANKLE  
Name of Contact Person

PRESIDENT, SEA PARK PLAZA ASSN  
Firm/Company

552 HWY A1A  
Address

SATELLITE BEACH, FL 32937  
City/State and Zip Code

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

For further information concerning this matter, please call:

PATRICIA SHANKLE at ( 321 ) 574-6440 x1  
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

September 25, 2017

PATRICIA SHANKLE  
SEA PARK PLAZA CONDOMINIUM ASSOCIATION  
552 HWY A1A  
SATELLITE BEACH, FL 32937

SUBJECT: SEA PARK PLAZA CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N10864

We have received your document for SEA PARK PLAZA 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 application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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: 317A00019306

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: SEA PARK PLAZA CONDOMINIUM ASSOCIATION, INC.  
2. The principal office address: 552 HIGHWAY A1A, SATELLITE BEACH FL 32937

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 08/27/1985 Document number: N10864

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)

ARAHILL, LINDA  
552 HWY A1A  
SATELLITE BEACH, FL 32937

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

PATRICIA SHANKLE

552 HIGHWAY A1A

P.O. Box NOT acceptable

SATELLITE BEACH, FL 32937

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.

Patricia Shankle  
Signature of an officer or director

PATRICIA SHANKLE

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.*

Patricia Shankle  
Signature of Registered Agent

9/19/2007  
Date

If signing on behalf of an entity:

PATRICIA SHANKLE, PRESIDENT

Typed or Printed Name

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

FILED  
2007 OCT -5 PM 2:12  
TALLAHASSEE, FL 32314  
CLERK OF THE DIVISION OF CORPORATIONS