

N11000011571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

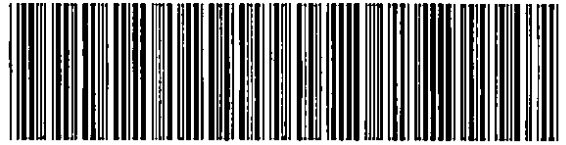
Special Instructions to Filing Officer:

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Signature

Ra Change



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SECRETARY OF STATE
REGISTRATION
19 APR 22 PM 12:15

APR 25 2019

D CUSHING



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 15, 2019

WATERCOLOR TOWN CENTER CONDOMINIUM OWNERS' ASSOCIATION
133 PINE GROVE CIRCLE
SANTA ROSA BEACH, FL 32459

SUBJECT: WATERCOLOR TOWN CENTER CONDOMINIUM OWNERS'
ASSOCIATION, INC.
Ref. Number: N11000011571

We have received your document for WATERCOLOR TOWN CENTER CONDOMINIUM OWNERS' 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):

We need the actual signature for the registered agent.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 919A00005248

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: Watercolor Town Center Condominium Owners' Association, Inc.

2. The principal office address: 133 Pine Grove Circle, Santa Rosa Beach, FL 32459

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/15/2011 Document number: N11000011571

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)

Dunlap & Shipman, P.A.

2063 S. Cty. Hwy 395

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

2113 Lewis Turner Boulevard, Suite 100

P.O. Box NOT acceptable

Fort Walton Beach, FL 32547

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.

Marshall Turner
Signature of an officer or director

Marshall Turner, President

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

March 4, 2019

Date

If signing on behalf of an entity:

Michelle Anchors

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 (03/12)

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STATE DEPT OF STATE
DIVISION OF CORPORATIONS
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