

N 1 1 000011573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

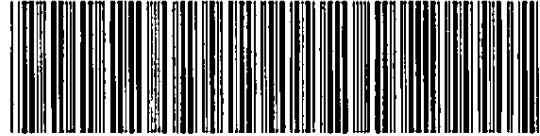
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SUPREMACY OF STATE
TALLAHASSEE, FL

C GOLDEN

JAN - 9 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Watercolor Beachside Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N11000011573

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:

Michelle Anchors

Name of Contact Person

Keefe, Anchors & Gordon, P.A.

Firm/Company

2113 Lewis Turner Boulevard, Suite 100

Address

Fort Walton Beach, FL 32547

City/State and Zip Code

manchors@kaglawfirm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Anchors

Name of Contact Person

at (850) 863-1974

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

December 18, 2018

MICHELLE ANCHORS
2113 LEWIS TURNER BOULEVARD
SUITE 100
FORT WALTON BEACH, FL 32547

SUBJECT: WATERCOLOR BEACHSIDE CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N11000011573

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name of the person signing the document must be typed or printed beneath or opposite the signature.

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.

Jaretha Golden
Regulatory Specialist II

Letter Number: 918A00025933

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SECRET
TALLAHASSEE

**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 Beachside Condominium 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: N11000011573

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):

Keefe, Anchors & Gordon, P.A.

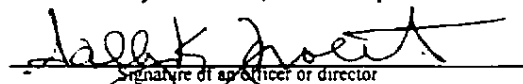
2113 Lewis Turner Boulevard, Suite 100

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.


Signature of an officer or director

Sally K. Anoletto
Printed or typed name and title President

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.


Signature of Registered Agent

12/7/18
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)

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

2019 JAN - 7 PM 3:54

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