

N12450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

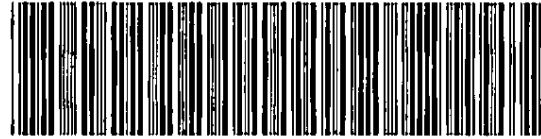
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300333969923

09/16/19--01004--010 **35.00

FILED
19 SEP 16 AM 11:27
CLERK OF STATE
TALLAHASSEE, FLORIDA

DET 01 2019

T. S. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ROBIN BAY CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N12450

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:

DEBRA F. BEECH

Name of Contact Person

Firm/Company

4684 CAPE SAN BLAS ROAD

Address

PORT ST. JOE, FL 32456

City/State and Zip Code

DFBEECH@MSN.COM

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

For further information concerning this matter, please call:

DEBRA F. BEECH

Name of Contact Person

at (**985**) **209-3379**

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 337 in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ROBIN BAY CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 183 ANTIQUA DRIVE ,PORT ST. JOE, FL 324566
3. The mailing address (if different): 4684 CAPE SAN BLAS ROAD, PORT ST. JOE, FL 32456
4. Date of incorporation/qualification: 12/9/1985 Document number: N12450
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)

RESIGNED

183 ANTIQUA DRIVE

PORT ST. JOE, FL 32456

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

DEBRA BEECH

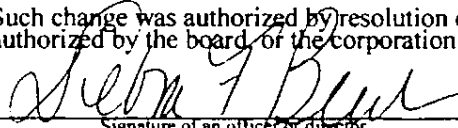
4684 CAPE SAN BLAS ROAD

P.O. Box NOT acceptable

PORT ST. JOE, FL 32456

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, of the corporation has been notified in writing of the change.


Signature of an officer or director

Debra F. Beech, Treasurer

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.


Signature of Registered Agent

09/10/2019

Date

If signing on behalf of an entity:

Debra F. Beech

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)

FILED
19 SEP 16 AM 11:27
STATE DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA