

N116215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

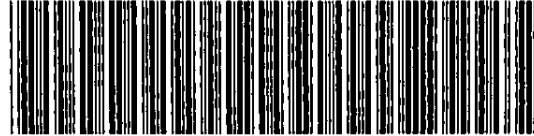
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sea Pines Townhomes Owners Assoc.
Name of Corporation

DOCUMENT NUMBER: N16215

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:

Tina Simmons
Name of Contact Person

Sea Pines Townhomes Owners Assoc Inc
Firm/Company

1822 Sea Pines Lane
Address

NAUATTE FL 32566
City/State and Zip Code

TSIMMONS115@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tina Simmons at (850) 512-7774
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

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

1. The name of the corporation: Sea Pines Townhomes Owners Association

2. The principal office address: 8279 HWY 98, NAUARE FL 32566

3. The mailing address (if different): 1812 Sea Pines Lane
NAUARE FL 32566

4. Date of incorporation/qualification: 8-5-1986 Document number: N116215

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)

Richard Ferri
1812 Sea Pines Lane
NAUARE, FL 32566

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

Tina Simmons
1822 Sea Pines Lane
P.O. Box NOT acceptable
NAUARE FL 32566

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.

(X) [Signature]
Signature of an officer or director

Keith R. Williams
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.

Tina Simmons
Signature of Registered Agent

10-16-2016
Date

If signing on behalf of an entity:

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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