

N21 000004092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

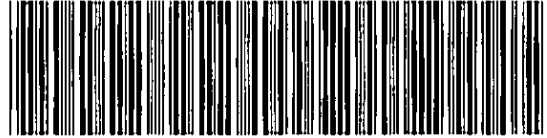
(Document Number)

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FILED
2021 NOV 12 AM 8:28
SECRETARY OF STATE
TALLAHASSEE FL



2021 NOV 12 PM 8:00

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2021

DENNIS F. HOFFMAN
1465 NORTHSIDE DR. NW
STE 128
ATLANTA, GA 30318

SUBJECT: GULF PLACE RESIDENCES OWNERS ASSOCIATION, INC.
Ref. Number: N21000004092

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):

If the corporation is a **NOT FOR PROFIT** corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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.

Querida R Silas
Regulatory Specialist II

Letter Number: 521A00020217

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: GULF PLACE RESIDENCES OWNERS ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N21000004092

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:

Dennis F. Hoffman

Name of Contact Person

Community Management Associates, Inc.

Firm/Company

1465 Northside Dr., NW Ste. 128

Address

Atlanta GA 30318

City/State and Zip Code

sos@cinacommunities.com

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

For further information concerning this matter, please call:

Dennis F. Hoffman

at (404) 835.9105

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: GULF PLACE RESIDENCES OWNERS ASSOCIATION, INC.
2. The principal office address: 4399 COMMONS DR E STE 300 DESTIN, FL 32541
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/16/2021 Document number: N2100004092
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)

RUNNELS, III, DAVAGE J

4399 COMMONS DR E STE 300

DESTIN, FL 32541

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

Community Management Associates, Inc.

7 Town Center Loop. Suite C-16

P.O. Box NOT acceptable

Santa Rosa Beach, FL 32459

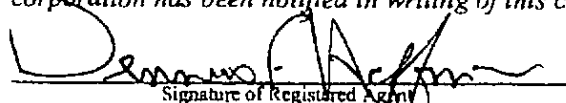
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

SEAN BURNS - SEC
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

07/20/2021

Date

If signing on behalf of an entity:

Dennis F. Hoffman

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 (04/13)