N21743

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	<u></u>
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	





900262302939

07/16/14--01019--013 **35.00

14 JUL 16 PH 4: 42

2A/RD/Ch8

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: The Spinnaker of Ormond Condominium Association Inc

Name of Corporation

DOCUMENT NUMBER: N21763

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:

Renny M. Yacek

Name of Contact Person

Atlantic Community Association Management & Accounting Inc

Firm/Company

507-C Herbert Street

Address

Port Orange, FL 32129

City/State and Zip Code

atlanticcama@gmail.com

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

For further information concerning this matter, please call:

Renny M. Yacek

Name of Contact Person

at (386) 760-7365

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

statement of change	visions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this e is submitted for a corporation organized under the laws of the State of Florida
1. The name of the	change its registered office or registered agent, or both, in the State of Florida. corporation: The Spinnaker of Ormond Condominium Association Inc
2. The principal office Port Orange	ice address: 507-C Herbert Street e, FL 32129
3. The mailing addr	ress (if different): Same
4. Date of incorpora	ation/qualification: 7-29-87 Document number: N21763
	reet address of the current registered agent and registered office on file with the ent of State: (If resigned, enter resigned)
	Margaret Mason
24	450 Ocean Shore Blvd #1
<u>o</u>	rmond Beach, FL 32176
6. The name and str (if changed):	### Margaret Mason ### 450 Ocean Shore Blvd #1 rmond Beach, FL 32176 reet address of the new registered agent (if changed) and /or registered office enny M. Yacek
R	enny M. Yacek
c/o	o Atlantic Comm Assoc Mgmt & Acctng Inc 507-C Herbert Street
D	P.O. Box NOT acceptable ort Orange, FL 32129
The street address as changed will be	of its registered office and the street address of the business office of its registered agent, identical.
authorized by the b	uthorized by resolution duly adopted by its board of directors or by an officer so loard, or the corporation has been notified in writing of the change.
Signature	Alisa Ruen pra pan Printed or typed Name and title
I further agree to c performance of my agent. Or, if this d	appointment as registered agent and agree to act in this capacity. comply with the provisions of all statutes relative to the proper and complete duties, and I am familiar with and accept the obligation of my position as registered ocument is being filed merely to reflect a change in the registered office address, I t the corporation has been notified in writing of this change.
Tomay my	7-11-14
If signing on behal	re of Registered Agent
Туред	or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *