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## **COVER LETTER**

TO:	Amendment Division o	nt Section - f Corporations	· · · · · · · · · · · · · · · · · · ·				
SUBJ	ECT:	Ocean Isle Condom	inium Association, Inc.				
DOC	U <b>MENT NU</b>	MBER:	N24937				
The er	closed State	ment of Change of Registered	Office/Agent and fee are submitted for filing.				
Please	return all co	rrespondence concerning this r	natter to the following:				
		Jane L Name o	Cornett Esa of Contact Person				
	Cornett, Googe & Associates, P.A. Firm/Company						
		401 SE Osce	eola Street. Suite 101 Address				
		Stua City/St	rt Fl 34994 ate and Zip Code				
tim@plantationmanagement.com  E-mail address: (to be used for future annual report notification)							
For fu	rther informa	tion concerning this matter, ple	ease call:				
		Tim Kazmier	at ( 772 ) 220-0005				
	Nar	ne of Contact Person	Area Code & Daytime Telephone Number				
Enclos	sed is a \$35.0	00 check made payable to the D	Department of State.				
		Mailing Address: Amendment Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				

TO:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a co	rporation organize	607.1508, or 617.1508, Florio d under the laws of the State of d agent, or both, in the State o	of <u>Florida</u>
1. The name of	the corporation: Ocear	ı İsle Condon	ninium Association, I	nc.
2. The principa	d office address: 2910 S	E Dune Drive		
Stuart, FL	34996			
3. The mailing	address (if different):		<del>-</del>	
4. Date of inco	rporation/qualification:	2/22/1988	Document number:	N24937
	nd street address of the cur artment of State: (If resign	•	nt and registered office on file	with the
	Timothy Kazmier			<del></del>
	2177 SE Ocean Blv	/d.		<u>C_:</u>
	Stuart, FL 34996			<u> </u>
6. The name an (if changed):		v registered agent (	if changed) and /or registered	JUN -2 PM
•	Jane L. Cornett, Es	sq.		4 3: 0
	401 SE Osceola St	reet, Suite 101 P.O. Box NOT ac	ceptable	05 
	Stuart, FL 34994			<u></u>
The street addr	ress of its registered offic ll be identical.	e and the street ad	dress of the business office of	of its registered agent,
Such change wanthonized by	vas authorized by resolution the board, or the corporate	on duly adopted b tion has been notif	y its board of directors or by ied in writing of the change.	an officer so
	ure of an officer or director	igs .	William F	
	t the appointment as regi to comply with the provi nd I am familiar with and ring filed merely to reflect as been notified in writing gnature of Registered Agent	istered agent and a sions of all statute d accept the obliga t a change in the r g of this change.	agree to act in this capacity. s relative to the proper and intion of my position as registed egistered office address, The Date	complete performance ered agent. Or, if this ereby confirm that the
If signing/on b	chalf of an entity:			
· · · · · · · · · · · · · · · · · · ·	Typed or Printed Name	-		

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