N25597

(Requestor's Name)					
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(Cib. (Ch. 42 /7 in 17th one 46					
(City/State/Zip/Phone #)					
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(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: St. David's Island Property Owners Association, Inc. Name of Corporation						
DOCUMENT NUMBER: N25597						
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:						
Deborah Ross, Esq Name of Contact Person						
Ross Earle & Bonan, P.A. Firm/Company						
789 S Federal Highway, Suite 101 Address						
Stuart, FL 34994 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Deborah Ross at (772) 287-1745 Name of Contact Person Area Code & Daytime Telephone Number						
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 Street Address: Amendment Section Division of Corporations Clifton Building						

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of char	nge is submitted for a co	rporation organized	07.1508, or 617.1508, Flo I under the laws of the Stat I agent, or both, in the State	_{e of} <u>Florida</u>	
1. The name of the	ne corporation: St. Da	vid's Island P	roperty Owners As	ssociation, Inc.	
2. The principal	office address: 333 17t	h Street, Suite 2	2L	<u> </u>	
	h, FL 32960				
3. The mailing ac	ddress (if different): sar	ne as above			
4. Date of incorp	oration/qualification:	03/25/1988	Document number:	N25597	
	street address of the current of State: (If resigned		t and registered office on fi	le with the	
	Ross Earle			ev.	
759 S Federal Highway, Suite 212				A JU	
	Stuart, FL 34994			NISION BY COL	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	Ross Earle & Bona	n, P.A.		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
	789 S Federal Highway, Suite 101				
P.O. Box NOT acceptable Stuart, FL 34994					
The street addre	ss of its registered offic be identical.	e and the street add	dress of the business offic	e of its registered agent,	
Such change wa authorized by th	s authorized by resoluti te board, or the corporat	on duly adopted by ion has been notifi	y its board of directors or ed in writing of the chang	by an officer so	
Mosignatur	e of an officer or director		Robert Noe Printed or typed name	- President	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as reg to comply with the provi d Lam familiar with an no filed merely to reflect been notified in writing	istered agent and a isions of all statute d accept the obliga t a change in the r g of this change.	gree to act in this capacit s relative to the proper ar tion of my position as reg egistered office address, l	y. id complete performance istered agent. Or, if this hereby confirm that the	
	hature of Registered Agent				
	half of an entity:		- 410		
THE BOD ON	2055 FSD				

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

Typed or Printed Name