## N31057

Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: MARINA COVE AT PAIN COAST CONDOMINIUM ASSOCIATION, The
DOCUMENT NUMBER: N31057
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:
Marc Bellapianta  Name of Contact Person
Watson Realty Corp
1410 Paun Coast Parkway, NW
Palm Coast, Ft 3237 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Susun Matthews at 386, 246-9270
Susun Mathews  at (38le ) 24 le - 9270  Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 20, 2014

SUSAN MATTHEWS WATSON REALTY CORPORATION 1410 PALM COAST PKWY NW PALM COAST, FL 32137

SUBJECT: MARINA COVE AT PALM COAST CONDOMINIUM ASSOCIATION,

INC.

Ref. Number: N31057

We have received your document for MARINA COVE AT PALM COAST CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Irene Albritton Regulatory Specialist II

Letter Number: 814A00017922

## 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: Marina Cove AT Para Coast Condominium Association	<u>n</u>
2. The principal office address: 310 Paum HARBOR Purkury	
PAIM COOST, FL 3237	
3. The mailing address (if different): PO BOX 352521	
Palm Coast, FL 32135	
4. Date of incorporation/qualificatio 03/08/1989 Document number: N 3/057	
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)	
Hagler Pain Coast Property Management Inc	
50 Leanni Way, Suite Ble	
Palm Coast, Fi 32137	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Watson Kealty Corp.	2
1410 PAIM COOST Parkway NW	in Vim Cold
Pulm Coast, A 32137	] [2]
The street address of its registered office and the street address of the business office of its registered agen as changed will be identical.	ī,
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.	
Many J. Jaucus - 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.	
MMD) 8-26-14	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
MARC BELLAPIANTA	
Typed or Printed Name	

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