N33686

(F	Requestor's Name)	
(<i>F</i>	Address)	
(F	Address)	
. (0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(0	Document Number)	
Certified Copies	Certificates of S	tatus
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SEGRETARY OF STATE
ALLAHASSEE, FLORIDA

2010 DEC 28 AM [F

RA.

DEC 29 2010

COVER LETTER

Amendment Section Division of Corporations

TO:

Ougana Harbour Owners Association Inc						
SUBJECT: Queens Harbour Owners Association, Inc. Name of Corporation						
DOCUMENT NUMBER: N33686						
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:						
Deb Gifford						
Name of Contact Person						
Argus Property Management, Inc. Firm/Company						
1 mb company						
2477 Stickney Point Road - Suite 118A						
Address						
Sarasota, Fl 34231						
Sarasota, Fl 34231 City/State and Zip Code						
deb@argusmgmt.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Deb Gifford 941 927-6464						
Deb Gifford at (941) 927-6464 Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a \$35.00 check made payable to the Department of State.						
2 cosed is a 435.00 check made payable to the Bepartment of State.						
Mailing Address: Street Address:						
Amendment Section Amendment Section						
Division of Corporations Division of Corporations Division of Corporations						
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle						

Tallahassee, FL 32301



December 16, 2010

DEB GIFFORD ARGUS PROPERTY MANAGEMENT, INC. 2477 STICKNEY POINT RD STE 118A SARASTOA, FL 34231

SUBJECT: QUEENS HARBOUR OWNERS ASSOCIATION, INC.

Ref. Number: N33686

We have received your document for QUEENS HARBOUR OWNERS 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 name of the new registered agent must be listed on number six.

The registered agent must sign accepting the designation.

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) 245-6925.

Letter Number: 310A00029179

Teresa Brown Regulatory Specialist II

www.sunbiz.org

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

statement of cha	nge is submitted for a corpo	602, 617.0502, 607.1508, or 617. ration organized under the laws o ice or registered agent, or both, i	of the State of Flori	da	-
1. The name of t	the corporation: Queens	Harbour Owners Assoc	ciation, Inc.	··.	
2. The principal	office address: 2477 Stick	mey Point Road, Suite 118	IA		
Sarasota,	FL 34231				
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: Aug	ust 14, 1989 Document num	nber: N	133686	
	I street address of the current tment of State: (If resigned, o	registered agent and registered o enter resigned)	ffice on file with the	;	
	Resigned	. 			
				N	
The name and (if changed):	street address of the new rep ARGUS PROPER	gistered agent (if changed) and /o	r registered office	2010 DEC Secret	٠٦٦
	2477 Stickney Point R	load - Suite 118A	HAS:	.C 28	
	Sarasota, FL 34231)EE	·-<	m
		P.O. Box NOT acceptable	FLORI	AH II: I	0
The street addre	ess of its registered office ar be identical.	nd the street address of the busin	less office of its reg	istered ager	1t,
Such change was authorized by the	as authorized by resolution one board, or the corporation	duly adopted by its board of dire has been notified in writing of t	ectors or by an office the change.	er so	
Signatu	e of an officer or director	Printed o	Bert Rapowitz or typed name and title		_
I further agree i of my duties, an document is bei	the appointment as register to comply with the provision d I am familiar with and ac ng filed merely to reflect a c been notified in writing of	red agent and agree to act in things of all statutes relative to the pecept the obligation of my position of the pechange in the registered office at this change.	s capacity. proper and complete on as registered age adress, I hereby co	e performar ent. Or, if to nfirm that t	ıce his he
Signature of Registered Agent Date		11/23/2010 Date		_	
If signing on be	half of an entity:				
Ţ	Deb Gifford yped or Printed Name				

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