## N33965

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: C	Grand Bay Condomin Name of	ium Association, In	C
DOCUMENT NUMBER:		N33965	
The enclosed Statement	of Change of Registered Off	fice/Agent and fee are subr	nitted for filing.
	condence concerning this mat	•	
	·	a 11a a	
		en Hearn Contact Person	
		erty Management	
	Firm/	Company	
		er Blvd. Suite 201	
	A	duless	
	Marco Isla City/State	nd, FL 34145 and Zip Code	
E-n	karen@n nail address: (to be used for	npm-fl.com r future annual report no	tification)
For further information	concerning this matter, pleas	e call:	
	aren Hearn	at ( 239 )	970-2747 Itime Telephone Number
	eck made payable to the Depa		time receptione (value)
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Division of Clifton Build 2661 Execut Tallahassee,	Section Corporations Jing ive Center Circle

## • 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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Grand Bay Condominium Association, Inc.
2. The principal office address: 267 No. Collier Blvd., Suite 201
Marco Island, FL 34145
3. The mailing address (if different): P.O. Box 12, Marco Island, FL 34146
4. Date of incorporation/qualification: 08/30/1989 Document number: 650201111
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)
New Beginnings
950 N Collier Blvd. Ste 420
Marco Island, FL 34145  6. The name and street address of the new registered agent (if changed) and /or registered of field.
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Willacle Property Wainagement, LLL
267 No. Collier Blvd. Suite 201
P.O. Box NOT acceptable  Marco Island, FL 34145
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
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.
Frank Guido, President  Signature of an officer or director  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.
Signature of Registered Agent Date
If signing on behalf of an entity:
Karen Hearn Typed or Printed Name

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