

N43590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

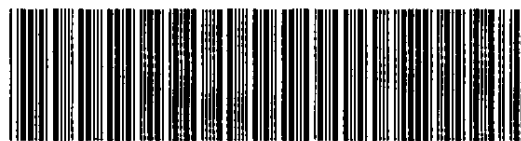
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

TB

AUG -5 2010

LAW OFFICES
TUCKER & TIGHE, P.A.

THOMAS J. TIGHE
MICHELLE MONTEKIO
MEREDITH L. SPIRA
CAROLINA Y. SZNAJDERMAN
.....
MORRIS C. TUCKER (RET'D)

SUITE 710 • CUMBERLAND BUILDING
800 EAST BROWARD BOULEVARD
FORT LAUDERDALE, FLORIDA 33301
Phone (954)467-7744/Fax (954)467-7905
E-mail: law@tuckertighe.com
www.tuckertighe.com

July 9, 2010

VIA REGULAR MAIL

Fay's Cove at Coral Bay
Alliance Property Management
P.O. Box 19439
Plantation, FL 33318
Attn: Eileen

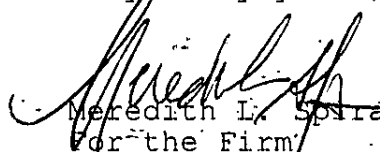
Re: Fay's Cove at Coral Bay Village Association, Inc.
Change of Registered Agent

Dear Eileen,

Enclosed please find a change of Registered Agent form to change the Association's registered agent to our firm. Please have a Board member sign and print their name on the form where indicated, and send **the original cover letter and form along with a \$35.00 check to the Amendment Section of the Division of Corporations mailing address** which is circled on the cover letter.

If you have any questions or if you need any further assistance, please don't hesitate to contact me.

Very truly yours,


Meredith L. Spira
for the Firm

Enclosures

F:\FAY'S COVE\ltr.change.registered.agent.wpd

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Fay's Cove at Coral Bay Village Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N43590

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:

Meredith Spira

Name of Contact Person

Tucker & Tighe, P.A.

Firm/Company

800 E. Broward Blvd. Ste. 710

Address

Fort Lauderdale, FL 33301

City/State and Zip Code

law@tuckertighe.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Meredith Spira

Name of Contact Person

at (954) 467-7744

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
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: FAY'S COVE AT CORAL BAY VILLAGE ASSOCIATION, INC.
2. The principal office address: 1133 S. UNIVERSITY DR. STE. 211
PLANTATION, FL 33324
3. The mailing address (if different): 40 ALLIANCE PROPERTY SYSTEMS
P.O. BOX 19439 PLANTATION, FL 33318
4. Date of incorporation/qualification: 5/28/1991 Document number: N4359D
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)

STEVE VALANCY

311 S.E. 13TH ST.

FORT LAUDERDALE, FL 33316

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

TUCKER & TIGHE, P.A.

800 E. BROWARD BLVD. STE. 710

P.O. Box NOT acceptable

FORT LAUDERDALE, FL 33301

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.

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

7-2-10
Date

If signing on behalf of an entity:

Meredith Spira
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA