

N51327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2019 AUG 28 PM 1:45
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 9, 2019

SURFSIDE CLUB MGMT ASSOCIATION
3601 S ATLANTIC AVE
DAYTONA BEACH SHORES, FL 32118

SUBJECT: SURFSIDE CLUB MANAGEMENT ASSOCIATION, INC.
Ref. Number: N51327

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

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.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 319A00016409

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2019 AUG 22 AM 11:28

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Surfside Management Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N51327

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:

Vickie Robbins Manager
Name of Contact Person

Surfside Club Mgmt, Assoc. Inc
Firm/Company

3601 S. Atlantic Ave
Address

Daytona Beach Shores, FL 32118
City/State and Zip Code

surfsideclub@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vickie Robbins at (386) 767-2029
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
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Surfside Club Management Association, Inc.
2. The principal office address: 3601 S. Atlantic Ave
Daytona Beach Shores, FL 32118
3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: N51327

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)

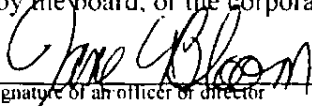
Charles G. Presley
3601 S. Atlantic Ave #108
Daytona Beach Shores, FL 32118

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

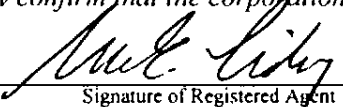
Ross Lindsay
3601 S. Atlantic Ave #103
P.O. Box NOT acceptable
Daytona Beach Shores, FL 32118

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.

 JANE BLOOM 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.

 V.P. 8-1-2019
Signature of Registered Agent Date

If signing on behalf of an entity:

Ross Lindsay
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