

N93000001247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

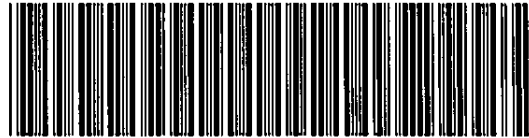
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Bay Ridge Condominium Association, Inc

Name of Corporation

**DOCUMENT NUMBER:** N93000001242

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:

**Lori Coolidge**

Name of Contact Person

Firm/Company

**7512 Dr. Phillips Blvd Suite 50-707**

Address

**Orlando, FL 32819**

City/State and Zip Code

**lcoolidge@cahmanager.com**

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

For further information concerning this matter, please call:

**Lori Coolidge**

Name of Contact Person

at ( **407** ) **402-9764**

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: Bay Ridge Condominium Association, Inc
2. The principal office address: 7512 Dr. Phillips Blvd Suite 50-707  
Orlando, FL 32819
3. The mailing address (if different): same
4. Date of incorporation/qualification: 3/16/1993 Document number: N93000001242
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)

Resigned

Beacon Community Management

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

Lori Coolidge

7512 Dr. Phillips Blvd Suite 50-707

P.O. Box NOT acceptable

Orlando, FL 32819

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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.

X Philip Davis

Signature of an officer or director

Philip DAVIS

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.

Lori Coolidge

Signature of Registered Agent

5/6/16

Date

If signing on behalf of an entity:

Lori Coolidge

Typed or Printed Name

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