## N93000001283

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
•				

Office Use Only



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PA Change 01-20-11 Do

## **COVER LETTER**

Division o	f Corporations		
SUBJECT:		and XI Condo Assoc. Inc. Name of Corporation	
		Name of Corporation	
DOCUMENT NU	MBER:	N93000001283	· · · · · · · · · · · · · · · · · · ·
The enclosed State	ment of Change of Regis	stered Office/Agent and fee are sub-	mitted for filing.
Please return all co	rrespondence concerning	this matter to the following:	
		•	
		Robert Del Rose	
•	N	lame of Contact Person	
		Q.	
	S	urfcoast Realty, Inc.	
		Firm/Company	
		,	
	4	366 Flagler Avenue	
		Address	<del></del>
CV Manager 6481	No C		
	New S	myrna Beach, FL 32169 City/State and Zip Code	<del></del>
	Č	THE PROPERTY	
	"ethe" the holly	@surfcoastrealty.com	the second
-	E-mail address: (to be	used for future annual report no	tification)
		•	16 6 7 8
For further informa	tion concerning this matt	ter, please call:	
ı	Robert Del Rose	/ 386 \	426-6332
Nan	ne of Contact Person	at ( 386 ) Area Code & Day	ytime Telephone Number
Enclosed is a \$35.0	0 check made payable to	the Department of State.	
	Mailing Address: Amendment Section	Street Addre	
		on Amendment Division of (	
,	P.O. Box 6327	Clifton Build	
	Tallahassee, FL 32	Clifton Build	ive Center Circle
		Tallahassee.	
	The second secon	myrna Boson, FL 32+69 myrna Boson, FL 32+69	make of folias fee of the first
	V1 1 1 40	The second particles of the second se	

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

statement of cha	provisions of sections 607.0502, 617.0502, 607 inge is submitted for a corporation organized w ir to change its registered office or registered a	ınder the laws of the State o	f Florida
1. The name of t	POLICHELLE ICLAND		
	office address: 443 Bouchelle Drive		
	na Beach, FL 32169	·	
	nddress (if different): c/o Surfcoast Realty MYRNA BEACH, FL 32169	, Inc. 366 Flagler Ave	nue,
4. Date of incorp	poration/qualification: 03/08/1995	Document number:	N93000001283
	is street address of the current registered agent a tment of State: (If resigned, enter resigned)	and registered office on file	with the
	Becker & Poliakoff - Resigned		
	3111 STIRLING RD.	·.	
	FT. LAUDERDALE, FL 33312		
6. The name and (if changed):	d street address of the new registered agent (if c	changed) and /or registered	office Por S
	Surfcoast Realty, Inc.		_ 5 5
	366 Flagler Avenue		
	New Smyrna Beach, FL 32169	table /	
The street addre	ess of its registered office and the street addre be identical.	ess of the business office o	f its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted by ine board, or the corporation has been notified	ts board of directors or by l in writing of the change.	an officer so
Garbar Signatur	re of an officer or director	BARBARA MAC	
I hereby accept I further agree t of my duties, an document is beil corporation has	the appointment as registered agent and agr to comply with the provisions of all statutes r ad I am familiar with and accept the obligation ng filed merely to reflect a change in the reg been notified in writing of this change.	ee to act in this capacity, elative to the proper and c on of my position as registe istered office address, I he	complete performance ered agent. Or, if this reby confirm that the
X Sign	hattire of Registered Agent	01/13/11 Date	
If signing on be	half of an entity:		
	BERT DEL ROSE  yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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