## N9300005392

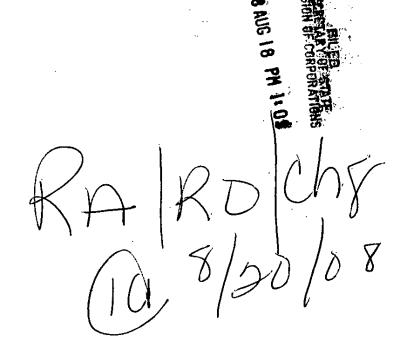
(Request	or's Name)
(Address)	
(Address)	· · · · · · · · · · · · · · · · · · ·
(City/Stat	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busines	s Entity Name)
(Docume	nt Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	Officer:
·	

Office Use Only



900134406739

08/18/08--01017--010 \*\*35.00



## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Coconut Reef Recreation Association, Inc. (Name of Corporation)
DOCUMENT NUMBER: <u>N 930000 5392</u>
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:
Name of Contact Person)
Stevens & Goldman, P.A. (Firm/Company)
2 South University Prive #210 (Address)
City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (954) 458-9393 (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 ofFlore do.
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Coconut Reef Recreation Association, Inc
2. The principal office address: 19620 Pines Blvd Suite 205
Pembroke lines, FL 33029
3. The mailing address (if different): Yo Pines Property Management
P.O. Box 820100 Pembroke lines, F1 33082
4. Date of incorporation/qualification: 11/30 //993 Document number: N.93 8000 0 5392
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Robert Kaye : Associates
6261 NW 6th Way, Suite 103
Ft. Lauderdale FL 33309
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
5tevens + 60/dwyn 1.A.
2 South University Prive#210 (P.O. Box NOT acceptable)
Plantation FL 33324
/
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.
Jevine L. Allison (Signature of an officer or director)  Terrie L. Allison (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 decient, 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:
(Typed or Printed Name)
(Typed or Printed Name)

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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