

N94 000001482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

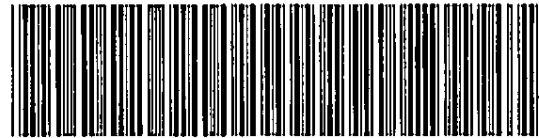
(Business Entity Name)

(Document Number)

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T. LEMIEUX  
JAN 11 2022

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BAY HARBOUR CONDOMINIUM, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N94000001482

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:

Shana J. Shields

Name of Contact Person

Law Offices of Wells | Olah | Cochran, P.A.

Firm/Company

3277 Fruitville Road, Building B

Address

Sarasota, FL 34237

City/State and Zip Code

kwells@kevinwellspla.com

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

For further information concerning this matter, please call:

Shana J. Shields

at ( 941 ) 366-9191  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 2, 2021

SHANA J SHIELDS  
3277 FRUITVILLE RD BLDG B  
SARASOTA, FL 34237

SUBJECT: BAY HARBOUR CONDOMINIUM, INC.  
Ref. Number: N94000001482

We have received your document for BAY HARBOUR CONDOMINIUM, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A officer or director must sign the document.

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) 245-6051.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 921A00028489

*Sign and Resent*

*Thank you!*

RECEIVED  
JAN 10 2022

**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 HARBOUR CONDOMINIUM, INC.
2. The principal office address: 4134 Gulf of Mexico Dr, #203, Longboat Key, FL 34228
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 03/25/1994 Document number: N94000001482
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)

WELLS, KEVIN T. ESQ THE LAW OFFICES OF KEVIN T. WELLS, P.A  
1800 2ND STREET, STE 808  
Sarasota, FL 34236

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

Law Offices of Wells | Olah | Cochran, P.A.  
3277 Fruitville Road, Building B  
P.O. Box NOT acceptable  
Sarasota, FL 34237

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.

Debra Shapiro  
Signature of an officer or director

Debra Shapiro  
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]  
Signature of Registered Agent

11/3/2021

Date

If signing on behalf of an entity:

Kevin T. Wells  
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 (04/13)