N94000002891

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Certified Copies Certificates of Status		of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE FLORINA

COVER LETTER

Amendment Section Division of Corporations

TO:

TT 2/2 / 12 / 2 / 2 / 2 / 2 / 2 / 2 / 2 /		
SUBJECT: Gulf Island Beach + Tennis Club Condominion Assy I] I		
DOCUMENT NUMBER: V9400002891		
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)		
Community Management Professionals West Inc		
7625 Little Rd 57e 315 (Address)		
New Port Richery FL 34654 (City/State and Zip Code)		
For further information concerning this matter, please call:		
(Name of Contact Person) at (22) 859-7350 (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



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 7, 2006

MICHAEL # SMALL **7625 LITTLE RD STE 315** NEW PORT RICHEY, FL 34654

SUBJECT: GULF ISLAND BEACH & TENNIS CLUB CONDOMINIUM

ASSOCIATION I, INC.

Ref. Number: N94000002891

We have received your document for GULF ISLAND BEACH & TENNIS CLUB CONDOMINIUM ASSOCIATION I, 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):

You failed to make the correction(s) requested in our previous letter.

You still need to have a officer or director of the corporation sign the form.

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 (859) 245-6927.

Tracy Smith

Document Specialist

Letter Number: 306A00039278

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 Flowers
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Gulf Island Beach + Jennes Club Goods. Assu. I
2. The principal office address: 54013. Kinkham Rd 372 450
Oplando H 32819
3. The mailing address (if different): 7-25 Lttle Rd 5te 315
New Port Richen FL 34654
4. Date of incorporation/qualification: \$\(\frac{6}{10}\)/94 Document number: \$\(\frac{N94000002891}{21} \)
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:
Scannavino Inc.
1050 A East Lake Woodlands Pkony
1050 A CAST CARE COGGREGATION TO THE STATE OF THE STATE O
Oldsmare H 3467)
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
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College 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7625 CTT LO Kd Ste 315 (P.O. Box NOT acceptable)
New Pout Relien FL 34654
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.
(Signature of an officer or director) Thomas Bowner VAES (Printed or typed name and trile)
I hereby accept the appointment as registered agent and garee to act in this canacity
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.
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(Signature of Registered Agent)
If signing on behalf of an entity:
35 I I I I I I I I I I I I I I I I I I I
(Typed or Printed Name)
MAYE CHECKS BAYADI E TO EL ONIDA DEDARENTE ON STATES
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)