## 

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

12 Mary Sup

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

| SUBJECT: Mallory Harbor at Coral Bay (Name of C         | Village Association, Inc.   |
|---|---|
| DOCUMENT NUMBER: N96000002929                           | ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `                                       |
| The enclosed Statement of Change of Registered Office   | ce/Agent and fee are submitted for filing.                                  |
| Please return all correspondence concerning this matter | er to the following:  |
|   | lie Velie   |
| (Name of Co   | ontact Person)  |
| Mallory Harbor at Coral<br>(Firm/C                      | Bay Village Association, Inc.   |
| 6324 (  | Ocean Drive   |
|   | dress)  |
| Marga (City/State a                                     | te, FL 33063<br>and Zip Code)   |
| For further information concerning this matter, please  |   |
| •   | at ( <u>954</u> ) <u>806-2741</u><br>(Area Code & Daytime Telephone Number) |
| (Name of Contact Person)                                | (Area Code & Daytime Telephone Number)                                      |
| Enclosed is a \$35.00 check made payable to the Depart  | rtment of State.  |
| Mailing Address: Amendment Section                      | Street Address: Amendment Section   |
| Division of Corporations<br>P.O. Box 6327               | Division of Corporations Clifton Building                                   |
| Tallahassee FL 32314                                    | 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 6 statement of change is submitted for a corporation organized under the law in order to change its registered office or registered agent, or bot   | vs of the State of F   | LORIDA   | _                |
|---|--|--|------------------|
| The name of the corporation: Mallory Harbor at Coral Bay Village     The principal office address: 6324 Ocean Drive, Margate, FL  |  | Inc.   |                  |
| 3. The mailing address (if different): Mallory Harbor at Coral Bay V<br>P.O. BOX 670632, CORAL SPRINGS, FL 33067-0632   | 'illage Associati  | on, Inc.   |                  |
| 4. Date of incorporation/qualification: <u>5/28/1996</u> Document   | number: <u>N96000</u>  | 002929   |                  |
| 5. The name and street address of the current registered agent and registere Florida Department of State: (If resigned, enter resigned)   | d office on file with  | 2000 OC  | مة سوانت و       |
| SWIFT MANAGEMENT  1750 UNIVERSITY DR #205   |  | ASSEI  | P. CALLES        |
| CORAL SPRINGS, FL 33071   |  | AH   |                  |
| 6. The name and street address of the new registered agent (if changed) and (if changed):   | d /or registered offic   | IO: 22   |                  |
| EDDIE VELIE   |  |  |                  |
| 6324 OCEAN DRIVE (P.O. Box NOT acceptable)  |  |  |                  |
| MARGATE, FL 33063   |  |  |                  |
| The street address of its registered office and the street address of the bras changed will be identical.   |  |  | nt,              |
| Such change was authorized by resolution duly adopted by its board of authorized by the board, or the corporation has been notified in writing  | directors or by an of the change.  | officer so   |                  |
| (Signature of an officer or director)  POLC (Pri  | DBRAVO, PRE  | SIDENT   | _                |
| I hereby accept the appointment as registered agent and agree to act in I further agree to comply with the provisions of all statutes relative to to of my duties, and I am familiar with and accept the obligation of my podocument is being filed merely to reflect a change in the registered offic corporation has been notified in writing of this change. | this capacity,<br>he proper and com<br>sition as registered<br>ce address, I hereb | plete performan<br>l agent. Or, if t<br>y confirm that t | nce<br>his<br>he |
| Ell le bei  | OCTOBER 1, 20  | 008  |                  |
| Signature of Registered Agent)  | (Date)   |  |                  |
| If signing on behalf of an entity:  |  |  |                  |
| Eddie J. Velie (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 (8/05)