N9600002929

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COVER LETTER

Division of Corporations			
Malland Haule and Octob	N.PH. A. C. L.		
SUBJECT: Mallory Harbor at Coral Bay	VIIIage Association , Inc.		
DOCUMENT NUMBER: N96	8000002929		
The enclosed Statement of Change of Registered Offi	ce/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
EDDI	VELIE		
Name of Co	ontact Person		
Velie Association Management, LLC, dba VelieCAM Firm/Company			
rim/C	ompany		
	X 411089		
Ad	dress		
MELBOURNE, FL 32941			
City/State and Zip Code			
,			
Eddie@VelieCAM.com			
E-mail address: (to be used for future annual report notification)			
*}			
For further information concerning this matter, please	call:		
EDDIE VELIE	054		
Name of Contact Person	at (954)263-6287 Area Code & Daytime Telephone Number		
rame of contact reison	Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Depa	tment of State.		
17			
34.40 . A 11	G		
Mailing Address: Amendment Section	Street Address: Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

TO:

Amendment Section

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, Floria statement of change is submitted for a corporation organized under the laws of the State of	
in order to change its registered office or registered agent, or both, in the State of	f Florida.
1. The name of the corporation: Mallory Harbor at Coral Bay Village Ass	ociation, Inc.
2. The principal office address: 4165 Fenrose Circle, Melbourne, FL 32940	
3. The mailing address (if different): PO BOX 411089, MELBOURNE, FL 329	41
4. Date of incorporation/qualification: 05/28/1996 Document number:	N96000002929
5. The name and street address of the current registered agent and registered office on file Florida Department of State: (If resigned, enter resigned)	with the
EDDIE VELIE, VELIE ASSOC. MGMT, LLC	
4459 CHASTAIN DRIVE	ASSEA
MELBOURNE, FL 32940	LED A PHIZ: A PHIZ: SEE: FLOI
6. The name and street address of the new registered agent (if changed) and /or registered (if changed):	office
EDDIE VELIE, VELIE ASSOCIATION MGMT, LLC	
4165 FENROSE CIRCLE	<u></u>
P.O. Box NOT acceptable MELBOURNE, FL 32940	
The street address of its registered office and the street address of the business office o as changed will be identical.	f its registered agent,
Such change was authorized by resolution duly adopted by its board of directors or by authorized by the board, or the corporation has been notified in writing of the change.	an officer so
Vignature of an officer or director Polo Bravo, Properties or typed name and Printed Or typed n	esident
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 comparts, and I am familiar with and accept the obligation of my position as registed document is being filed merely to reflect a change in the registered office address. I he corporation has been notified in writing of this change.	complete performance cred agent. Or, if this reby confirm that the
March 21, 2 Signature of Registered Agent Date	010
If signing on behalf of an entity:	
Eddie Velie Typed or Printed Name	

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