## N 97000001578

(Requestor's Name)		
(Address)		
(Address)		
( (ddiess)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
(Cooling) Training,		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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SECRETARY OF STATE

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## **COVER LETTER**

TO: A	Amendment Section Division of Corporations	and the second s
SUBJEC	T. BELLE MER OWNERS ASSOCI	ATION, INC.
DOCUM	IENT NUMBER: N97000001578	
The enclo	osed Statement of Change of Registered Office	Agent and fee are submitted for filing.
Please re	turn all correspondence concerning this matter	to the following:
	PENNY WILCOX (Name of Con	ntact Person)
	JME MANAGEMENT	
	(Firm/Co	mpany)
	8269 GULF BLVD #104	
	(Add	ress)
	NAVARRE, FL 32566 (City/State ar	id Zin Code)
For furth	er information concerning this matter, please of	
	WILCOX (Name of Contact Person)	at (850 ) 939-9939 (Area Code & Daytime Telephone Number)
Enclosed	is a \$35.00 check made payable to the Depart	
	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

TO:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH-FOR CORPORATIONS

statement of change i	isions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this is submitted for a corporation organized under the laws of the State of FLORIDA change its registered office or registered agent, or both, in the State of Florida.
1. The name of the co	orporation: BELLE MER OWNERS ASSOCIATION, INC.
2. The principal offic	e address: 8269 GULF BLVD #104, NAVARRE, FL 32566
3. The mailing address	ss (if different): 8269 GULF BLVD #104, NAVARRE; FL 32566
4. Date of incorporati	ion/qualification: 03/13/1997 Document number: N97000001578
5. The name and stree Florida Departmen	et address of the current registered agent and registered office on file with the it of State:
TE	RRY P. GORMLEY
215	5 GRAND BLVD, SUITE 200 ₹% &
MIF	S GRAND BLVD, SUITE 200
6. The name and stree (if changed):	et address of the new registered agent (if changed) and /or registered office?
BE	CKER & POLIAKOFF, P.A.
348	8 MIRACLE STRIP PKWY SW, SUITE 7
FO	(P.O. Box NOT acceptable) PRT WALTON BEACH, FL 32548
The street address of as changed will be in	f its registered office and the street address of the business office of its registered agent, dentical.
Such change was authorized by the bo	thorized by resolution duly adopted by its board of directors or by an officer so and, or the corporation has been notified in writing of the change.
Suprature of a Ply Suprature of a Ply Suprature of a I further agree to color my duties, and I a document is being fit corporation has been	PINN Project agent and agree to act in this capacity.  Impointment as registered agent and agree to act in this capacity.  Imply with the provisions of all statutes relative to the proper and complete performance in familiar with and accept the obligation of my position as registered agent. Or, if this led merely to reflect a change in the registered office address, I hereby confirm that the notified in writing of this change.
Man 1	June 26, 2008  (Bate)
If signing on behalf	
RAYMOND F	NEWMAN, JR.
(1 <b>y peu c</b>	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)