N9700003171

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE
ALL AHASSEE, FLORIES

Parson

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Secrest Beach II Owners Association, Inc.					
(Name of Corporation)					
DOCUMENT NUMBER: N97000003171					
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:					
Gary A. Shipman, Esquire					
(Name of Contact Person)					
Dunlap, Toole, Shipman & Whitney, P.A. (Firm/Company)					
(Firm/Company)					
1414 Co. Hwy. 283 South, Suite B					
(Address)					
Santa Rosa Beach, Fforida 32459					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Gary A. Shipman, Esquire (Name of Contact Person) at (850) 231-3315 (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

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

statement of cha	ange is submitted for a corporation orga	502, 607.1508, or 617.1508, Florida Statutes, this anized under the laws of the State of Florida stered agent, or both, in the State of Florida.	_
1. The name of	the corporation: Seacrest Beach II Own	ners Association, Inc.	
		orida, Inc., 10343 E. County Hwy 30A, Suite 105, Panama City Bea	ch, Florida 32413
3. The mailing a	address (if different): Post Office Box 6	i11644, Rosemary Beach,FL 32461	
4. Date of incorp	rporation/qualification: 06/02/1997	Document number: N9700003171	
	nd street address of the current registered artment of State:	agent and registered office on file with the	
	Zack Johnson	O7 A	
	10343 E. County Hwy. 30A, S	Suite 105 APR 2	
	Panama City Beach, FL 32413	∰ ~ 5	
6. The name and (if changed):		· · ·	
	Gary A. Shipman, Esquire	· ·	
	1414 Co. Hwy. 283 South, Su		
	(P.O. Box NOT acceptable) Santa Rosa Beach, Florida 32		
The street addreas changed will		et address of the business office of its registered a	gent,
Such change was authorized by the	as authorized by resolution duly adopt the board, or the corporation has been r	ted by its board of directors or by an officer so notified in writing of the change.	
(Signate	4 January ture of an officer or director)	John Varino, President (Printed or typed name and title)	
I further agree t of my duties, an document is bei	t the appointment as registered agent a to comply with the provisions of all sto nd I am familiar with and accept the ob ing filed merely to reflect a change in t is been notified in writing of this chang	atutes relative to the proper and complete perforn bligation of my position as registered agent. Or, i the registered office address, I hereby confirm tha	iance if this it the
	ignade of Registered Agent)	(Date)	_
	chalf of an entity:	\/	
(T	Typed or Printed Name)		

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