

N98000000447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

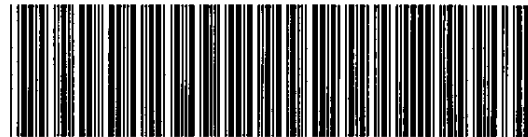
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

September 30, 2016

JAMES KEALEY /COMMUNITY ASSOCIATIONS MANAGEMENT INC
2060 HWY A1A, STE. 303
INDIAN HARBOUR BEACH, FL 32937

SUBJECT: COQUINA PALMS HOMEOWNER'S ASSOCIATION, INC.
Ref. Number: N98000000447

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE HAVE AN OFFICER OF THE CORPORATION TO SIGN THE DOCUMENT AND RETURN IT TO MY ATTENTION: DARLENE CONNELL, PO BOX 6327, TALLAHASSEE, FL 32314.

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 (850) 245-6050.

Darlene Connell
Regulatory Specialist III

Letter Number: 716A00021123

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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: COQUINA PALMS HOMEOWNERS ASSOCIATION, INC
2. The principal office address: 2060 HWY A1A SUITE 303
INDIAN HARBOUR BEACH FLORIDA 32937
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/26/1998 Document number: N9800000447
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

RESIGNED

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

COMMUNITY ASSOCIATIONS MANAGEMENT INC

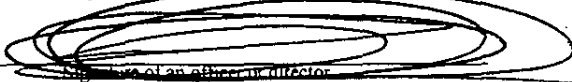
2060 HWY A1A SUITE 303

P.O. Box NOT acceptable

INDIAN HARBOUR BEACH FLORIDA 32937

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

J Kealey MGR.
Printed or typed name and title

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 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.


Signature of Registered Agent

08/21/2016

Date

If signing on behalf of an entity:

JAMES KEALEY

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 (03/12)