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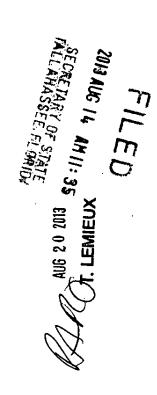
(Requestor's Name)	
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(Address)	_
(Address)	_
(City/State/Zip/Phone #)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to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

TO: Amendment Section Division of Corporations

SUBJECT: Phillips Bay Condominium Association, Inc.

Name of Corporation

N9800002064

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:

Scott D. Newsom

Name of Contact Person

Becker & Poliakoff, P.A.

Firm/Company

111 North Orange Ave., Suite 1400

Address

Orlando, FL 32801

City/State and Zip Code

snewsom@becker-poliakoff.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott D. Newsom

,407 \875-0955

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Malling 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

CR2B045 (03/12)



July 18, 2013

SCOTT D NEWSOM 111 N ORANGE AVE STE 1400 ORLANDO, FL 32801

SUBJECT: PHILLIPS BAY CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N98000002064

We have received your document for PHILLIPS BAY CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Letter Number: 813A00017499

Tracy L Lemieux Regulatory Specialist II

www.sunbiz.org



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 Statules, 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: Phillips Bay Condominium Association, Inc.
2. The principal office address:
3. The mailing address (if different):
4. Date of incorporation/qualification: 04/09/1998 Document number: N98000002064
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)
Katzman Garfinkel & Berger
300 North Maitland Avenue
Maitland, Florida 32751
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Becker & Poliakoff, P.A. (SDN)
111 North Orange Avenue, Suite 1400
P.O. Box NOT acceptable Orlando, Florida 32801
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.
William Rogers 6/7/2013 Signature of an other or director William Rogers 6/7/2013
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 duites, and I am familiar with and accept the obligation of my position as registered agent. Of, if this document is heing filed merely to reflect a change in the registered office address, I hereby confirm that the carporation has been notified in writing of this change. Significated Registered Agent
Signature of Registered Agent Date
if signing on behalf of an entity: Scott D. Newson on behalf of Broker's Polizatoff P.A.
Typed or Printed Name

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