(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to I	Filing Officer:	

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08/27/10--01031--003 **35.00

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Escada Block A HOA, Inc. Name of Corporation		
DOCUMENT NUMBER: N 9800006047		
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:		
Loyd Tarver Name of Contact Person		
Sea Breeze Assoc, Mgmt, Co, Firm/Company		
180 Cullman Ave,		
Santa Rosa Beach, FL 32459 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Name of Contact Person at (850) 231-2108 Area Code & Daytime Telephone Number		
Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.		

Street Address: Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

CR2E045 (8/05)

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: Escada Block A Homeowners Associa
2. The principal office address: 99 Calle Escada
Santa Rosa Beach, FL 32459
3. The mailing address (if different): $POBOX1/32$
Sonta Rosa Beach, FL 32459
4. Date of incorporation/qualification: 10/21/1998 Document number: N98 0000 60 47
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)
Florida Department of State: (If resigned, enter resigned) Elizabeth Baker En = 1
495 Grand Blvd. Ste 206 St 2
Miramer Beach, FL 3255000 3
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Loyd Torver
180 Cullmon Ave, P.O. Box NOT acceptable
Santa Rosa Beach, FL 32459
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 Signature of an officer or director 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 Signature of Registered Agent Signature of Registered Agent
If signing on behalf of an entity:
Loyd Tarver Ayped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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