## N9900000 3109

| (Requestor's Name)                      |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| . H/10                                  |  |  |  |  |  |  |

Office Use Only



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March 24, 2020

RACHAEL M. DENNIS 11350 66TH STREET NORTH, SUITE 124 LARGO, FL 33773

SUBJECT: THE VILLAGES OF NORTH REDINGTON BEACH - YACHT CLUB

HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N99000003109

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):

If the corporation is a <u>NOT FOR PROFIT</u> corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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.

Querida R Moore Regulatory Specialist II

Letter Number: 120A00006375

APR 10 AMII: 51

RECEIVED MAR 3 0 2020

## COVER LETTER

Amendment Section Division of Corporations TO:

| SUBJECT: The Villages of North Redington Beach - Yacht Club Homeowners Association, Inc.        |
|---|
| Name of Corporation   |
| DOCUMENT NUMBER: N99000003109   |
| 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:                       |
| RACHAEL M. DENNIS   |
| Name of Contact Person  |
| HOLIDAY ISLES PROPERTY MANAGEMENT, INC.   |
| Firm/Company  |
| 11350 66TH STREET NORTH, SUITE 124  |
| Address   |
| LARGO, FL 33773   |
| City/State and Zip Code   |
| rdennis@holidayislespm.com  |
| E-mail address: (to be used for future annual report notification)                              |
| For further information concerning this matter, please call:                                    |
| RACHAEL DENNIS at ( 727 ) 548-9402  Name of Contact Person Area Code & Daytime Telephone Number |
| Name of Contact Person 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

| statement of char   | ige is submitte  | d for a corporation organ                                 | 12, 607.1508, or 617.1508<br>nized under the laws of the<br>ered agent, or both, in the                                      | State of Florida     | 1   |  |
|---|--|---|--|----------------------|---|--|
| 1. The name of the  | ne corporation:  | The Villages of North Red                                 | dington Beach - Yacht Club   | Homeowners Ass       | ociation. In                                  |  |
| 2. The principal of   | office address:  | 11350 66th Street North,                                  | Suite 124  |                      |   |  |
|   |  | Largo, FL 33773   |  |                      |   |  |
| 3. The mailing ac   | ddress (if differ                                      | rent):  |  |                      |   |  |
| 4. Date of incorp   | oration/qualifi  | cation:   | Document number  | : N9900003109        |   |  |
|   |  | of the current registered a<br>(If resigned, enter resign | agent and registered office<br>ed)   | e on file with the   |   |  |
|   | Condominium  | Mgmt Group  |  |                      |   |  |
|   | The Professional Center, 7800 66th Street N, Suite 205 |   |  |                      |   |  |
|   | Pinellas Park, I                                       | FL 33781  | <del></del>  |                      | 2 <b>82</b>                                   |  |
| 6. The name and (if changed):                               | street address   | of the new registered age                                 | ent (if changed) and /or reg   | gistered office      | SIVISION OF E                                 |  |
|   | Holiday Isles  | Property Management, Inc                                  | с.   |                      |   |  |
|   | 11350 66th Street North, Suite 124                     |   |  |                      | AH 10: 03                                     |  |
|   | Largo, FL 3.   |   | ox NOT acceptable  |                      | ີລ <i>,</i> ້                                 |  |
| The street address changed will                             | ss of its regist<br>be identical.                      | ered office and the street                                | address of the business  | office of its regist | ered agent,                                   |  |
| Such change wa  | s authorized b   | y resolution duly adopte                                  | d by its board of director otified in writing of the c   | s or by an officer   | so  |  |
| Bonald  |  | ) y ke  |  | MDyke,               | Res   |  |
| I further agree to<br>of my duties, and<br>document is bein | o comply with<br>d I am familia<br>ng filed merek      | the provisions of all star                                | nd agree to act in this cap<br>tutes relative to the propo<br>ligation of my position as<br>he registered office addre<br>2. | er and complete r    | performance<br>L. Or, if this<br>irm that the |  |
| Hach  | ulm.   | Jennis  | 03/06/2020   | _                    |   |  |
| Č   | nature of Registered                                   | ·   | D  | atc                  |   |  |
| If signing on bel   | half of an enti  | ty:   |  |                      |   |  |
| Rachael M. Den  |  |   |  |                      |   |  |
| 1 y   | ped or Printed Nan                                     | * * * FILING F  | EE: \$35.00 * * *  |                      |   |  |

Make Checks Payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)