

759448

(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:

Office Use Only



400241783664

11/19/12--01011--019 \*\*35.00

FILED  
12 DEC 10 PM 3:26  
MICHIGAN STATE UNIVERSITY

PA Change  
12/12/12  
DC



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 26, 2012

SCOTT HEADRICK  
KEYS PROPERTY MANAGEMENT  
5505 N. ATLANTIC AVE. #207  
COCOA BEACH, FL 32931

SUBJECT: EAGLE'S NEST CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: 759448

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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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 II

Letter Number: 312A00028072

RECEIVED

12 DEC 10 AM 9:24

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Eagle's Nest Condominium Association  
Name of Corporation

**DOCUMENT NUMBER:** 759948

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 Headrick  
Name of Contact Person  
Keys Property Management  
Firm/Company  
5505 N Atlantic Ave #207  
Address  
Cocoa Beach, FL 32931  
City/State and Zip Code  
scott@keysenterprise.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Headrick at ( 321 ) 784-8011  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: Eagles Nest Condominium Association, Inc.
2. The principal office address: 5505 N Atlantic Ave #207 Cocoa Beach, FL. 32931
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/04/1981 Document number: 759448
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)

Paul Palestrini

2095 Indian River Blvd

Vero Beach, FL 32960

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

Keys Property Management

5505 N Atlantic Ave #207

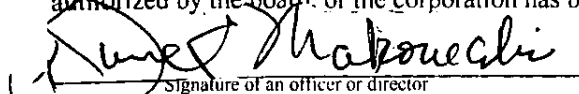
P.O. Box NOT acceptable

Cocoa Beach, FL 32931

FILED  
12 DEC 10 PM 3:26

The street address of its registered office and the street address of the business office of its registered agent, as changed ~~may~~ be identical.

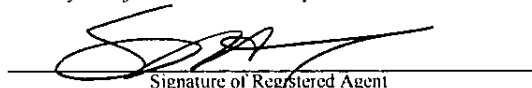
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

June Makowski, President

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

12/6/2012

Date

If signing on behalf of an entity:

Scott Headrick

Typed or Printed Name

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