716295

(Re	questor's Name)	
· (Ad	dress)	<u> </u>
(* (**	u,	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
· (Bu	siness Entity Nar	ne)
(Do	cument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

Division of Corporations		
Hawken Lakes of Namine Inc		
SUBJECT: Harbor Lakes of Naples, Inc. (Name of Corporation)		
(rumo of corporation)		
DOCUMENT NUMBER: 716295		
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:		
John S. Green		
(Name of Contact Person)		
Coastal Property Management of SW Florida, Inc.		
(Firm/Company)		
501 Goodlette Rd. N, Ste. A-206		
(Address)		
Naples, FL 34102		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
John S. Green at (239) 434-2077		
John S. Green at (239) 434-2077 (Name of Contact Person) (Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Street Address:		
Amendment Section Amendment Section		
Division of Corporations Division of Corporations		
P.O. Box 6327 Clifton Building		
Tallahassee, FL 32314 2661 Executive Center Circle		

Tallahassee, FL 32301

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TO:

Amendment Section

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida
	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Harbor Lakes of Naples, Inc.
	office address: 1155 Sandpiper Street, Naples, FL 34102
3. The mailing a	address (if different): 501 Goodlette Rd. N, Ste. A-206, Naples, FL 34102
4. Date of incor	poration/qualification: 04/02/1969 Document number: 716295
	d street address of the current registered agent and registered office on file with the rtment of State:
	Moore Property Management, Inc.
	745 12th Avenue South, Ste. AA
	Naples, FL 34102
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Coastal Property Management of SW Florida, Inc.
	501 Goodlette Rd. N, Ste. A-206, Naples, FL 34102
	(P.O. Box NOT acceptable)
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wanthorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Jones (Signal	We of the officer or director) DOROTHY BEDNAR 12/07/6- (Printed polyped name and life)
I hereby accept I further agree of my duties, ar document is be corporation fa	the appointment as registered agent and agree to act in this capacity. If the appointment as registered agent and agree to act in this capacity. If emply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the seen notified in writing of this change.
	gnature of Registered Agent) (Date)
	chalf of an entity:
	Typed or Printed Name)

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