N0400005257

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Bermuda Palms of Naples Condo. Assoc. (Name of Corporation)
DOCUMENT NUMBER: N0400005257
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:
Dennis Lively (Name of Contact Person)
Ability Management Inc.
6736 Lone Oak Blva.
Naples FL 34109-6834 (City/State and Zip Code)
For further information concerning this matter, please call:
Dennis Lively at (239) 591-4200 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Bermuda Palms of Naples Condon Assairth
2. The principal office address: L734 Lone Oak Blva.
Naples, FL 34109-6834
3. The mailing address (if different):
4. Date of incorporation/qualification: 52504 Document number: N0400005257
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)
<u>Dennis Lively</u>
6312 Trail Blva.
Naples, FL 34108
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Dennis Lively Lot36 Lone Oak Blval. (P.O. Box NOT acceptable) Naples, FL 34109-6834
let 36 Lone Oak Blval.
(P.O. Box NOT acceptable)
Naples, 12 3-110-1-0057
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) Dennis Lively Property Manager (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) D/8/(Date)
If signing on behalf of an entity:
alkfjsaldkfj (Typed or Printed Name)
* * * FILING FEE: \$35.00 * * *

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)