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SECRETARY OF STATE A

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Positzon Place at Naples	SI - Condo Assoc., INC.			
DOCUMENT NUMBER:				
The enclosed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:				
	•			
(Name of Conta	ct Person)			
Park Avenue Projecty Mgmt, LLC				
(Finiscon)	party) (
10961 Bonita MAN	s) Beach Road			
Bontz Springs F	- L 34 135 Zip Code)			
For further information concerning this matter, please call:				
Clement Ross (Name of Contact Person)	at (239) 333-2006 (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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Position Place at Neples I - Condo Association, Inc. 2. The principal office address: Park Avenue Property Mgmt, LC 10961 Bonitz Bezch Rd, Bonitz Springs FL 34135
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 1-12-06 Document number:
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Robert S. Forman (per attached)
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Park Avenue Property Mant, LLC 10961 Bonita Bezch Rozd (P.O. Box NOT acceptable) Bonita Springs FL 34135
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) (Probled 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 Agents (Date)
If signing on behalf of an entity:
Clement Ross (Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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