## N06000006216

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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DIVISION OF CHREDRATIONS





## **COVER LETTER**

TO: Amendment Section Division of Corporations SUBJECT: Liberty Park at Ave Maria Neighborhood Association, Inc. Name of Corporation N06000006216 DOCUMENT NUMBER:\_ 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: Donna McDonald Name of Contact Person Capital Realty Advisors, Inc. Firm/Company 600 Sandtree Drive, Suite 109 Address Palm Beach Gardens, FL 33403 City/State and Zip Code Imoore@capitalrealtyadvisors.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Christine Luce Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State.

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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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida or to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	the corporation: Liberty Park at Ave Maria Neighborhood Association, Inc.
2. The principal	office address: c/o Capital Realty Advisors, Inc., 600 Sandtree Drive, Suite 109
· · · · · · · · · · · · · · · · · · ·	Palm Beach Gardens, FL 33403
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 6/8/2006 Document number: N0600006216
	I street address of the current registered agent and registered office on file with the trment of State: (If resigned, enter resigned)
	Stackhouse, Edwin D, c/o Integrated Property Management
	3435 10th Street N #201
	Naples, FL 34103 US
6. The name and (if changed):	Naples, FL 34103 US  I street address of the new registered agent (if changed) and /or registered office  Donna McDonald, c/o Capital Realty Advisors, Inc.  600 Sandtree Drive, Suite 109  P.O. Box NOT acceptable
	Donna McDonald, c/o Capital Realty Advisors, Inc.
	600 Sandtree Drive, Suite 109
	Palm Beach Gardens, FL 33403
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
Signatur	Son Brooks - Peschart Printed or typed name and title
I hereby accept I further agree of of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance ad 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 s been notified in writing of this change.
Nonna	mature of Registered Agent 10/21/09 Date
If signing on be	chalf of an entity:
DONNA	yped 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 \* \* \*