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COVER LETTER

Division of Corporations
SUBJECT: Summerland Palms Condominium Association
DOCUMENT NUMBER: NO 7000 10 77 2
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:
Joe Cleghorn Name of Contact Person
Summerland Palms Firm/Company
1421 1st Street Address
Kcy West FL 33040 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (305) 292-2050 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

TO:

Amendment Section

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

	_		er the laws of the State at, or both, in the State	of Florida.
. The name of the	e corporation: <u>50</u>	mmerland	PalmsC	andominium H5500
2. The principal of	ffice address: 1421	15+ Street	<u> </u>	
	Kcy	West FL	33040	
. The mailing add	dress (if different):	Same		
l. Date of incorpo	pration/qualification: //	/2/07 Do	cument number:	07000010772
	street address of the currer ment of State: (If resigned		registered office on file	e with the
	Diane 7	Covar)	
_	1901 FO	garty A	ve #1	
_	KeyWe	st FL	33040	4. ab
5. The name and s (if changed):	street address of the new r	egistered agent (if char	ged) and /or registered	l office 2
	Joe	Cleghor	7	AND THE STATE OF T
-	1421	15+ 5+re	et_	・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・
_	Keyl	PO. Box NOT acceptable Jest FL	<i>3</i> 3040	(g. 170)
The street address is changed will be	s of its registered office a e identical.	and the street address	of the business office of	of its registered agent,
uch change was uthorized by the	authorized by resolution board, or the corporation	i duly adopted by its b n has been notified in	oard of directors or by writing of the change.	y an officer so
	of an officer of director		Joe Cleghore Printed or Wed name a	n Jr., Managing Ment
further agree to f my duties, and locument is being	he appointment as registe comply with the provision I am familiar with and a g filed merely to reflect a seen notified in writing o	ms of all statutes rela scept the obligation of change in the registe	ive to the proper and	complete performance
ley			11-5-10)
Signat	ture of Registered Agent		Date	
f signing on beha	alf of an entity:			

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 45 (8/05)

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