## N96000004857

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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: FAILING Waters North Preserve (Name of Corporation)
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:
FRANK BONACCI (Name of Contact Person)
Platinum Property Management (Firm/Company)
1016 COllier Center Way Ste. #102
Naples, FL. 34110 (City/State and Zip Code)
For further information concerning this matter, please call:
FRANK BONACCI at (239) 596-1031 (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:

## 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 Florida.
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: NAME: FALLING WATERS NORTH PRESERVE, INC. PRINCIPAL: PLATINUM PROPERTY MANAGEMENT
2. The principal office address: ADDRESS 1016 COLLIER CENTER WAY SUITE 102 NAPLES, FL 34110
3. The mailing address (if different): ADDRESS POB 110156
NAPLES, FL_34108
4. Date of incorporation/qualification. 9/18/96 Document number: N9600004857
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
WHITE, William D CAM
171 COMMERCIAL Blud Suite 20 = 1
Naples, Fl. 34114
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Platinum Property Managementing 5
10/6 Collier Center Way Ste. #102 (P.O. Box NOT acceptable)
Naples, FC 34110
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.
FRANK BONACCI, PRINCIPA,  (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)  (Signature of Registered Agent)  (Date)
If signing on behalf of an entity:
(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 \* \* \*