N9800004660

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TRANSMITTAL LETTER

SUBJECT: Carlton Lakes Homeowners I Association, Inc. (Name of corporation) DOCUMENT NUMBER: N98000004660 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: Cheryl Nunes (Name of person) Paradise Property Management Group, Inc. (Name of firm/company) 828 Anchor Rode Drive (Address) Naples, Florida 34103 (City/state and zip code) For further information concerning this matter, please call: Cheryl Nunes 239) 643-2720 (Area code & daytime telephone number) (Name of person) Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address: Street Address:** Amendment Section Division of Corporations Amendment Section **Division of Corporations** 409 E. Gaines Street P.O. Box 6327

Tallahassee, FL 32399

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

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

	se provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508		atutes,
this statement a	of change is submitted for a corporation organized under the laws of t	-	
of Florida.	in order to change its registered office or registered agent, o	r both, in the	≥State N
	f the corporation: Carlton Lakes Homeowners I Association, Inc.	25	吕 77
	al office address: Paradise Property Management Group, Inc.	ASS	is a
	828 Anchor Rode Drive, Naples, Florida 34103	.00	= m
3. The mailing	address (if different):	FLOR	3
4. Date of inco	rporation/qualification: 08/12/98 Document number: _	N9800000466	50
	nd street address of the current registered agent and registered office or artment of State:	ı file with the	
	Advance Property Mgmt Service		· · ·
	37 Mentor Drive	-	
	Naples, Florida 34110	·	
changed):	Paradise Property Management Group, Inc. 828 Anchor Rode Drive (P.O. Box or personal mailbox NOT acceptable)		-
The street addingent, as chang	Naples, Florida 34103 ress of its registered office and the street address of the business officed will be identical.	 ce of its regis	stered
Such change would by the such change with orized by the such control of the such change with	vas authorized by resolution duly adopted by its board of directors or the board, or the corporation has been notified in writing of the change	by an officer	r so
Signalitie of an office	J. THICANO TO NINE J. TO SCAP To chairman of vice chairman of the board) YOUNGE J. TO SCAP (Printed or typed frame and title	VO, THE	EASURE
l jurther agree performance o registered agei	t the appointment as registered agent and agree to act in this capaci to comply with the provisions of all statutes relative to the proper as f my duties, and I am familiar with and accept the obligation of my p nt. Or, if this document is being filed merely to reflect a change in th I hereby confirm that the corporation has been notified in writing of	nd complete position as he registered	L
Posodio	Carot Management group Tor 1620 02		_
f signing on beha	ulf of an entity:	· · · · · · · · · · · · · · · · · · ·	
0	(Typed or Printed Name) (Capacity)		
	* * * FILING FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314