765587

(Re	equestor's Name)	
(Ad	ldress)	
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	ι	D 8900004448
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
/Ru	siness Entity Nam	20)
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(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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10/05/09--01021--013 **35.00

C.COULLIETTE

DEC 072009

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: Yorktowne Condominium Assoc. Name of Corporation					
Nume of	Corporation				
DOCUMENT NUMBER:	765587				
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:					
Susan M. Kase					
Name of Contact Person					
American Condominium Management					
Firm/	Company				
615 Cape Coral Pkwy. W. #103 Address					
Address					
Cape Coral, FL 33914 City/State and Zip Code					
smkmgmt@embarqmail.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please	e call:				
Susan M. Kase	at (239) 542-4404				
Name of Contact Person	at (239) 542-4404 Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Depa	artment of State.				
Mailing Address: Amendment Section	Street Address: Amendment Section				
Division of Corporations	Division of Corporations				
P.O. Box 6327	Clifton Building				

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 6, 2009

SUSAN M. KASE 615 CAPE CORAL PKWY WEST #103 CAPE CORAL, FL 33914

SUBJECT: YORKTOWNE CONDOMINIUM ASSOC.

Ref. Number: W09000044489

We have received your document for YORKTOWNE CONDOMINIUM ASSOC. and check(s) totaling \$35.00. However, 'the enclosed document has not been filed and is being returned to you for the following reason(s):

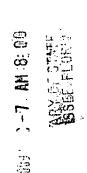
Our records show no entity by this name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette Regulatory Specialist II

Letter Number: 509A00032217



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

	provisions of sections 607.0502, 617.0502, 60		
	ange is submitted for a corporation organized t er to change its registered office or registered o		
		~	C +
	the corporation YOFK+OWNG	_	County In
2. The principal	office address: c/o Rossman Property M	lanagement	
1104 SE 4	46th Lane #2, Cape Coral, FL 33904	·	
3. The mailing a	address (if different): (same)		
4. Date of incorp	poration/qualification:	Document number:	765587
	d street address of the current registered agent a rtment of State: (If resigned, enter resigned)	and registered office or	n file with the
	Michelle Rossman		
	c/o Rossman Property Management		
	1104 SE 46th Lane #2, Cape Coral,	FL 33904	
6. The name and (if changed):	d street address of the new registered agent (if o	changed) and /or regist	ered office
	Susan M. Kase		
	c/o American Condominium Manage	ement	
	P.O. Box NOT accep		
	615 Cape Coral Pkwy. W. #103, Cap	oe Coral, FL 3391	<u>4 </u>
-	ess of its registered office and the street addre be identical.		
Such change wa authorized by th	as authorized by resolution duly adopted by i he board, or the corporation has been notified	ts board of directors of in writing of the char	or by an officer so nge.
Michel	le Rosman re of an officer or director	Michelle Ros	ssman, CAM
I hereby accept I further agree t of my duties, an document is bein corporation has	the appointment as registered agent and agr to comply with the provisions of all statutes r ad I am familiar with and accept the obligation ing filed merely to reflect a change in the register to been notified in writing of this change.	ee to act in this capac elative to the proper c in of my position as re istered office address,	city. and complete performance egistered agent. Or, if this Thereby confirm that the
ague [B	an the case	10/1/2	2009
	nature of Registered Agent chalf of an entity:	Date	
	Susan M. Kase	•	
	yped or Printed Name		
	* * * FILING FEE: \$3	35.00 * * *	

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