

714779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

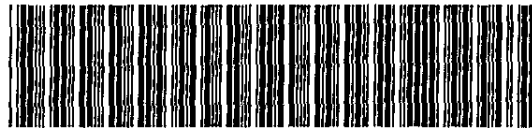
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DANIEL J. LOBECK  
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KEVIN T. WELLS  
DAVID C. MEYER

*LAW OFFICES*  
**LOBECK HANSON & WELLS**

*PROFESSIONAL ASSOCIATION*

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ASSOCIATIONS

CIVIL LITIGATION  
PERSONAL INJURY  
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ESTATES AND TRUSTS

2033 MAIN STREET, SUITE 403  
SARASOTA, FL 34237  
(941) 955-5622  
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May 19, 2003

Amendment Section  
Florida Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

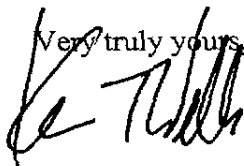
Re: Fisherman's Cove Association, Inc.  
Statement of Change of Registered Office or Registered Agent

Dear Sir or Madam:

Enclosed for filing with your office is an original Statement of Change of Registered Office or Registered Agent or Both for Corporations. Also enclosed is an Association check (Check No. 7478) in the amount of \$35 made payable to the Division of Corporations for the filing fee. Please change your corporate records accordingly.

Thank you for your courtesies and cooperation in this matter.

Very truly yours,



Kevin T. Wells, Esquire

KTW/elk  
Enclosures

## TRANSMITTAL LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Fisherman's Cove Association, Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** 714779

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:

Kevin T. Wells, Esquire

(Name of person)

Lobeck Hanson & Wells, Inc.

(Name of firm/company)

2033 Main Street, Suite 403

(Address)

Sarasota, FL 34237

(City/state and zip code)

For further information concerning this matter, please call:

Kevin T. Wells, Esquire

(Name of person)

at ( 941 ) 955-5622

(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  
409 E. Gaines Street  
Tallahassee, FL 32399

**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: Fisherman's Cove Association, Inc.
2. The principal office address: 9000 Blind Pass Road, Sarasota, Florida 34242
3. The mailing address (if different): 9000 Blind Pass Road, Sarasota, Florida 34242
4. Date of incorporation/qualification: 06/17/1968 Document number: 71477
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State:
- Dan Lobeck Esq.
- 2063 Main Street, Suite 101
- Sarasota, FL 34237
6. The name and street address of the new registered agent (if changed) and /or registered office (if  
changed): The Law Offices of
- Lobeck Hanson & Wells, P.A. c/o Kevin T. Wells, Esquire
- 2033 Main Street, Suite 403
- (P.O. Box or personal mailbox NOT acceptable)
- Sarasota, FL 34237

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.

Norman Bell  
(Signature of an officer, chairman or vice chairman of the board)

NORMAN BELL V.P.O.  
(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]  
(Signature of Registered Agent)

5-5-03  
(Date)

If signing on behalf of an entity:

Kevin T. Wells, Esquire

(Typed or Printed Name)

Attorney  
(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