718208

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



500414502435

08/24/23--01017--011 **35.00

j - 97 (112:43

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Tropical Court Apartments Association	on Inc.
Name of Corporation	
DOCUMENT NUMBER: 718208	
The enclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.
Please return all correspondence concerning thi	is matter to the following:
Bernard Doogue	
Name of Contact Person	
Duke Professional Management LLC	
Firm/Company	
3061 Quincy Road	
Address	
Venice, FL 34293	
City/State and Zip Code	
bdoogue@comcast.net	
E-mail address: (to be used for future annua	al report notification)
For further information concerning this matter.	please call:
Bernard Doogue	at (941) 220-3407
Name of Contact Person	at (941) 220-3407 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	: Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2F045 (04/13)

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

statement of cha	nge is submitted for a	i corporation organi	2, 607.1508, or 617.1508. Florida Stated under the laws of the State of Florida State of City	orida
		-	red agent, or both, in the State of Flo	rida.
1. The name of t	he corporation: Tropi	O : D LV :	W 21202	
2. The principal	office address: 3061	Quincy Road, Venice	7. FL 34293	
3. The mailing a	ddress (if different): _			
			Document number: 718208	
	I street address of the tment of State; (If res		gent and registered office on file with d)	the
	Community Financia	ls 1990 Main Street.	Suite 750 Sarasota FL 34236 -resigne	
				: ::
6. The name and (if changed):	street address of the	new registered agen	t (if changed) and /or registered office	: 2
	Bernard Doogue			=======================================
	Duke Professional Ma	nnagement LLC		1,, 12: 1,3
		P.O. Box	NOT acceptable	ယ်
	3061 Quincy Road, V	enice, FL 34293		
The street addre as changed will	ss of its registered of be identical.	fice and the street a	address of the business office of its re	egistered agent.
Such change wa authorized by th	s authorized by resol e board, or the corpo	ution duly adopted tration has been not	by its board of directors or by an officed in writing of the change.	ficer so
			Sandy Wakeling, VP	
•, -	e of an efficer or director		Printed or typed name and title	
I further agree t of my duties, and document is bei	the appointment as ro o comply with the pro d I am familiar with o ng filed merely to refi been notified in writ	ovisions of all statu and accept the oblig lect a change in the	l agree to act in this capacity, tes relative to the proper and compl gation of my position as registered a registered office address, I hereby c	ete performance gent. Or, if this confirm that the
B./	2 Space	-	21 Aug Sax	23
& Sign	nature of Registered Agent	-	Wate	
If signing on bel	nalf of an entity:			
Bernard Doogue				
Ту	ped or Printed Name			
		* * * FILING FE	E: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
(4/13)