

727837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PA 5-18-11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 5, 2011

MYERLEE COUNTRY CLUB ESTATES NORTH
13117 FEATHERSOUND DR (2ND MAILING)
FORT MYERS, FL 33919

SUBJECT: MYERLEE COUNTRY CLUB ESTATES NORTH ASSOCIATION,
INC.
Ref. Number: 727837

We have received your document for MYERLEE COUNTRY CLUB ESTATES NORTH ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

An officer/director must sign and print or type name below in the space on the document.

The document must have original signatures.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 811A00009164

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Myerlee Country Club Estates North C.A.I.
Name of Corporation

DOCUMENT NUMBER: 727837

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:

ELAINE PIERRO
Name of Contact Person

TURNKEY ASSOC. MANAGEMENT
Firm/Company

15880 Summerlin Road # 300
Box 192

Address

Fort Myers, FL 33908
City/State and Zip Code

info@turnkeyfl.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELAINE PIERRO at (239) 322 4788
Name of Contact Person 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

**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: Myerlee Country Club Estates North Association, Inc.
2. The principal office address: 13117 Feather Sound Dr.
Fort Myers, FL 33919
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/23/73 Document number: 727837

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Alan Fensterbusch, Acheron Assoc.
13117 Feather Sound Dr.
Fort Myers, FL 33919

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ELAINE PIERRO, CAM
Turnkey Association Management LLC
11595 Kelly Rd. # 120-A
P.O. Box NOT acceptable
Fort Myers, FL 33908

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.

Dale Kramer
Signature of an officer or director

DALE KRAMER - President
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.

Elaine Pierro
Signature of Registered Agent

5/12/11
Date

If signing on behalf of an entity:

ELAINE PIERRO, CAM
Typed or Printed Name

*** FILING FEE: \$35.00 ***

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