## 133059

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

Office Use Only



000154961440

05/04/09--01063--020 \*\*70.00

RA lock

DIVISION OF CORPORATIONS

09 MAY - P PH 2: 01

R. S. 2.1. 2019

## **COVER LETTER**

Division of Corporations
SUBJECT: EL M (RAOCR (Name of Corporation)
DOCUMENT NUMBER: 733 059
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:
PAUL L SAPP, CAM CFPM (Name of Contact Person)
Pd M PROPERTY MANAGEMENT (Firm/Company)
14360 3 TAMIAMITR., WNITB
MYONS, R 33912 (City/State and Zip Code)
For further information concerning this matter, please call:
PAUL L SAPP at (239) 481-1577  (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

TO:

Amendment Section

## 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 <u>Florida</u>
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: EL Mirador Condominium Association, Inc.
2. The principal office address: 14360 S. TOWN IAM TRAIL
FT MYERS, FZ 33912
3. The mailing address (if different):
5. The maining address (it different)
4. Date of incorporation/qualification: 6/13/1975 Document number: 733059
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)
REPPERT, JAMES L. 3 5
13/5/ KINGS POINT DR., +//A = 電影
FT MY BY , FZ 33919
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  PAUL L. SAPP, Pt. M. PROPERTY MANAGEMENT
(P.O. Box NOT accopptable)
FT MURY, 12 339,2
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.
Signature of an officer or director) Lee Ann Rosey arter
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 of Registral Agent)  4-20-07 (Date)
If signing on behalf of an entity:
Prof & Saper
(Typed or Printed Name)

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