745054

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
(2 - 2 - 3 - 3 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	Palm Tree Condo	minium	Assoc.		
SUBJECT	Name of C				
DOCUMENT NUMBER	MBER:745054				
The enclosed Statement o	f Change of Registered Offic	ce/Agent a	and fee are submi	tted for filing.	
Please return all correspon	ndence concerning this matte	er to the fo	ollowing:		
	Susan Name of Co	M. Kase			
	Name of Co	ontact Per	son		
	American Condom		lanagement		
	rirm/C	ompany			
	615 Cape Coral Pkwy. W. #103 Address				
	Au	nı 622			
	Cape Coral, FL 33914 City/State and Zip Code				
smkmgmt@embarqmail.com					
E-mai	Il address: (to be used for	future an	nual report notif	fication)	
For further information co	oncerning this matter, please	call:			
	n M. Kase	at (239)	542-4404 me Telephone Number	
Name of C	Contact Person	Aı	rea Code & Dayti	me Telephone Number	
Enclosed is a \$35.00 chec	k made payable to the Depa	rtment of	State.		
Γ P	Mailing Address: Amendment Section Division of Corporations CO. Box 6327 Callahassee, FL 32314		Street Address: Amendment Sc Division of Co Clifton Buildin 2661 Executiv Tallahassee, F	ection orporations ng e Center Circle	

, .- ..- STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Singe is submitted for a corporation organized under the laws of the State of \underline{F} represents to change its registered office or registered agent, or both, in the State of Fl	lorida
1. The name of t	he corporation: Palm Tree Condominium Association,	Inc.
	office address: c/o Rossman Property Management 6th Lane #2, Cape Coral, FL 33904	
3. The mailing a	ddress (if different): (same)	
4. Date of incorp	poration/qualification: 11/27/1978 Document number:	745054
	I street address of the current registered agent and registered office on file wit tment of State: (If resigned, enter resigned)	h the
	Michelle Rossman	70
	c/o Rossman Property Management	7009 OCT
	1104 SE 46th Lane #2, Cape Coral, FL 33904	ASSI
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered offi	PH 1: 31
	Susan M. Kase	38
	c/o American Condominium Management P.O. Box NOT acceptable	-
	615 Cape Coral Pkwy. W. #103, Cape Coral, FL 33914	_
The street addre	ess of its registered office and the street address of the business office of it be identical.	s registered agent,
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an he board, or the corporation has been notified in writing of the change.	officer so
- Wiles	Michelle Rossman The of an officer or director Michelle Rossman Printed or typed name and to	
I further agrée of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and com ad I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address, I hereb s been notified in writing of this change.	nplete performance d agent. Or, if this by confirm that the
Ques	nature of Registered Agent Date	
If signing on be	chalf of an entity:	
	Susan M. Kase yped or Printed Name	

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

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