

754300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SEP 11 2015
C. CARROTHERS

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2015 SEP -8 AM 11:55
SECRETARY OF STATE
ALABAMA
MONTGOMERY



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 1, 2015

SHERRY SNYDER
SANCAP MANAGEMENT
PO BOX 1031
SANIBEL, FL 33957

SUBJECT: GULF RIDGE PROPERTY OWNERS ASSOCIATION, INC.
Ref. Number: 754300

We have received your document for GULF RIDGE PROPERTY OWNERS 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):

A post office box is not an acceptable address for the registered agent.

THE PRINCIPAL OFFICE ADDRESS MAY NOT BE A PO BOX.

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) 245-6050.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 515A00018424

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Gulf Ridge P.O.A.
Name of Corporation

DOCUMENT NUMBER: 754300

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:

Sherry Snyder, (owner)
Name of Contact Person

SanCap Management
Firm/Company

P.O. Box 1031
Address

Sanibel, FL. 33957
City/State and Zip Code

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

For further information concerning this matter, please call:

Sherry Snyder at (239) 472-2255
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 Lee in order to change its registered office or registered agent, or both, in the State of Florida. 55

1. The name of the corporation: Gulf Ridge P.O.A
2. The principal office address: 1177 Causeway Rd.
Sanibel Fl. 33957
3. The mailing address (if different): P.O. Box 881
Sanibel Fl. 33957
4. Date of incorporation/qualification: _____ Document number: 754300
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)

Royal Shell Property Mgmt.
15050 Captiva Dr.
Captiva, FL 33957

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

New Gulf Ridge P.O.A
c/o Sancap management
1177 Causeway Rd.
Sanibel Fl, 33957
P.O. Box NOT acceptable

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.

Julie Vargas LCAM Julie Vargas LCAM
Signature of an officer or director 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.

Sherry Snyder 9-9-15
Signature of Registered Agent Date

If signing on behalf of an entity:

Sherry Snyder
Typed or Printed Name

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