7573/3

(Re	questor's Name)				
(Address)					
(Ad	dress)				
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
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ZOUS OCT -5 AM 8: 36
SECRETARY OF STATE
TALLAHASSEE F. STATE

W Mrs.

COVER LETTER

	ent Section of Corporations					
SUBJECT: Bahia Condominium Assoc. Name of Corporation						
DOCUMENT N	UMBER:	757313				
The enclosed Stat	tement of Change of Registered Office	ce/Agent and fee are submitted f	for filing.			
Please return all o	correspondence concerning this matte	er to the following:				
	Susan	M. Kase				
	Name of Co	ontact Person				
		ninium Management				
	rirm/C	отрапу				
	615 Cono Coro	J. Dlavar, 187, 4400				
		l Pkwy. W. #103 dress				
	Cane Cora	N FI 3301/				
	City/State a	nl, FL 33914 and Zip Code				
		.1				
	smkmgmt@en	ibarqmail.com future annual report notificati	on)			
E-mail address: (to be used for future annual report notification)						
For further inform	nation concerning this matter, please	call:				
	Susan M. Kase	at (239)	542-4404			
Na	ame of Contact Person	at (239) Area Code & Daytime T	elephone Number			
Enclosed is a \$35	.00 check made payable to the Depar	rtment of State.				
	Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corpor	•			
	P.O. Box 6327	Clifton Building 2661 Executive Ce	ntor Cirolo			
	Tallahassee, FL 32314	Tallahassee, FL 32				

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

	provisions of sections 607.0502, 617.0.			
	nge is submitted for a corporation org r to change its registered office or regi			
	The		oriaa.	
	the corporation: Bahia Condomi		A 1.1	
2. The principal	office address: c/o Rossman Prop	erty Management		
1104 SE 4	6th Lane #2, Cape Coral, FL 3	3904		
3. The mailing a	ddress (if different): (same)			
4. Date of incorp	poration/qualification:	Document number:	757313	
	I street address of the current registered treet of State: (If resigned, enter resigned)		h the	
	Michelle Rossman		_	
	c/o Rossman Property Manag	ement	2009 SE	
	1104 SE 46th Lane #2, Cape	Coral, FL 33904	2009 OCT - SECRETA TALLAHA	
6. The name and (if changed):	l street address of the new registered ag	gent (if changed) and /or registered offi	-5 AM	
	Susan M. Kase		8: 3 S i.A.	-
	c/o American Condominium M	lanagement	36 REP. 36	
		NOT acceptable	- ·	
	615 Cape Coral Pkwy. W. #10	3, Cape Coral, FL 33914	•	
The street address changed will	ess of its registered office and the stre be identical.	et address of the business office of its	s registered agent	· ,
Such change was authorized by the	as authorized by resolution duly adop ne board, or the corporation has been	ted by its board of directors or by an notified in writing of the change.	officer so	
Signatu	Lelle Komman	Michelle Rossman, Printed or typed name and tit		
I hereby accept I further agree of my duties, ar document is bei corporation ha	the appointment as registered agent to comply with the provisions of all si d I am familiar with and accept the o ng filed merely to reflect a change in s been notified in writing of this chan	and agree to act in this capacity, latutes relative to the proper and com bligation of my position as registered the registered office address, I hereb ge.	plete performanc agent. Or, if th y confirm that th	e is e
Aug.	an the Cons	10/1/2009		
Sig	nature of Registered Agent	Date		
If signing on be	chalf of an entity:			
	Susan M. Kase yped 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
CR2E045 (8/05)