

758761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

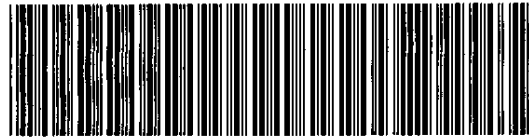
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

paper 7/13/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cove Villas Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 758761

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:

Cathy Suppes
Name of Contact Person

Moore Property Management, LLC
Firm/Company

745 12th Avenue South. Ste. AA
Address

Naples, FL 34102
City/State and Zip Code

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

For further information concerning this matter, please call:

Cathy Suppes at (239) 262.5051
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 27, 2011

CATHY SUPPES
745 12TH AVENUE SOUTH, STE AA
NAPLES, FL 34102

SUBJECT: COVE VILLAS CONDOMINIUM ASSOCIATION, INC.
Ref. Number: 758761

We have received your document for COVE VILLAS CONDOMINIUM 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):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 111A00015459

**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: Cove Villas Condominium Association, Inc.
2. The principal office address: 880 10th Avenue South
Naples, FL 34201
3. The mailing address (if different): Moore Property Management. LLC
745 12th Avenue South. Ste. AA Naples, FL 3412
4. Date of incorporation/qualification: 06.15.1981 Document number: 758761
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)

Coastal Property Management

501 Goodlette Road North. Ste. C200

Naples, FL 34102

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

Moore Property Management. LLC

745 12th Avenue South. Ste. AA

P.O. Box NOT acceptable

Naples, FL 34102

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.

P. O. Orama
Signature of an officer or director

Graham Norcombe, Managing Partner

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.

G. Norcombe
Signature of Registered Agent

June 17, 2011

Date

If signing on behalf of an entity:

Graham T. Norcombe
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
CR2E045 (8/05)

FILED
11 JUL 12 AM 11:55
TALLAHASSEE, FLORIDA