# 760482

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
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#### COVER LETTER

TO: Amendment Section **Division of Corporations** 

Camelot Gardens Condominium Homeowners Association, Inc. SUBJECT: Name of Corporation 760482 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:

#### Barbara Shea

Name of Contact Person

#### Advantage Property Management, LLC

Firm/Company

#### 1111 SE Federal Highway, Suite 100

Address

Stuart, FL 34994

City/State and Zip Code

### advantagepm@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Feldman

Name of Contact Person

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617 cange is submitted for a corporation organized under the laws ler to change its registered office or registered agent, or both,	of the State of Florida
1. The name of	the corporation: Camelot Gardens Condominium International Office address: 1111 SE Federal Highway, Suite	Homeowners Association, Inc.
3. The mailing a	address (if different): (same as principal address)	
4. Date of incorp	rporation/qualification: 10/19/1981 Document nu	mber: 760482
	nd street address of the current registered agent and registered artment of State: (If resigned, enter resigned)	office on file with the
	Pinnacle Association Management, LLC	
	430 NW Lake Whitney Place	
	Port St. Lucie, FL 34986	
6. The name and (if changed):	d street address of the new registered agent (if changed) and / Barbara Shea, c/o Advantage Property Manage	7.73 J. 7
	1111 SE Federal Highway, Suite 100	
	P.O. Box NOT acceptable Stuart, FL 34994	A O
The street address changed will	ress of its registered office and the street address of the busin I be identical.	ness office of its registered agent,
	vas authorized by resolution duly adopted by its board of directine board, or the corporation has been notified in writing of the board, or the corporation has been notified in writing of the board.	
560	ure of an officer for director Printed of	or typed name and title
I hereby accept I further agree t performance of agent. Or, if th hereby confirm	t the appointment as registered agent and agree to act in thi to comply with the provisions of all statutes relative to the p f my duties, and I am familiar with and accept the obligation his document is being filed merely to reflect a change in the a that the corporation has been notified in writing of this cha	is capacity. proper and complete n of my position as registered registered office address, I unge.
Barba		118/15
	gnature of Registered Agent	Date
	ehalf of an entity:	
Barbara Sh	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