

760862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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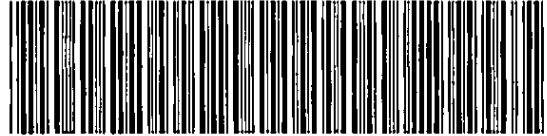
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATE  
2018 JUN 18 AM 11:34

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COVER LETTER

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

TO: Amendment Section  
Division of Corporations

2010 JUN 18 AM 11:34

SUBJECT: SEAGATE PROPERTY OWNERS ASSOCIATION INC  
Name of Corporation

DOCUMENT NUMBER: 760862

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:

JAMES BOWLDS  
Name of Contact Person

SEAGATE PROPERTY OWNERS ASSOC.  
Firm/Company

5068 STARFISH AVE  
Address

NAPLES FL 34103  
City/State and Zip Code

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

For further information concerning this matter, please call:

JAMES BOWLDS at ( 502 ) 608 3247  
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SEAGATE PROPERTY OWNERS ASSOCIATION INC
2. The principal office address: 5068 STARFISH AVE  
NAPLES FL 34103
3. The mailing address (if different): POST OFFICE BOX 3093  
NAPLES FL 34106-3093
4. Date of incorporation/qualification: 12/01/1981 Document number: 760862
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)

LANGLEY, JOHN A (RESIGNED)

800 SEAGATE DRIVE SUITE 201

NAPLES FL 34103

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

BOWLDS, JAMES L

5068 STARFISH AVE

P.O. Box NOT acceptable

NAPLES FL 34103

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.

[Signature]

Signature of an officer or director

Bruce Conley, President

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.

[Signature: James Bowlds]

Signature of Registered Agent

6/12/2018

Date

If signing on behalf of an entity:

\_\_\_\_\_  
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 (03/12)

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