

761306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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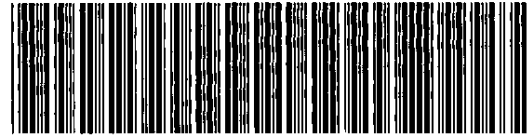
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts AUG 31 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: C.B.C. PROFESSIONAL CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: 761 306

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:

STEVE KOMONDOREA

Name of Contact Person

Firm/Company

1423 SE 16TH PL. STE. #105

Address

CAPE CORAL, FLORIDA 33990-3876

City/State and Zip Code

stere@realamericairealty.com

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

For further information concerning this matter, please call:

STEVE KOMONDOREA

Name of Contact Person

at (

239 573-6464

) 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: C.B.C. PROFESSIONAL CONDOMINIUM ASSOCIATION INC.

2. The principal office address: _____

3. The mailing address (if different): 1423 S.E. 16TH PLACE, STE #105
CAPE CORAL, FL 33990-3876

4. Date of incorporation/qualification: DECEMBER 29, 1981 Document number: 761306

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)

LOTFY A. GUITRQUIS
1423 S.E. 16TH PL, STE. 204
CAPE CORAL, FL 33990

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

STEVE KOMONDORA
1423 S.E. 16TH PL. STE. 105
CAPE CORAL, FL 33990-3876

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.

Steve Komondora
Signature of an officer or director

STEVE KOMONDORA 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.

Steve Komondora
Signature of Registered Agent

August 26, 2010
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 (8/05)

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SECRETARY OF STATE