768762

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

7.70



900131806349

06/30/08--01032--006 **35.00

2008 JUN 30 AN IO: 00
SECRETARY OF STATE
ANASSEE, FLORIDA

The state of the s

COVER LETTER

Amendment Section Division of Corporations

TO:

Internal Devil (1800) Control (1800)	
SUBJECT: Island Park Village, Section II, (Name of	Condominium Assoc. Inc. Corporation)
DOCUMENT NUMBER: 768762	
The enclosed Statement of Change of Registered Offi	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Barbara Mitchell	
(Name of C	ontact Person)
Broadway Association Manag	gement, LLC
	Company)
3602 Broadway Ave	
, (Ad	dress)
Ft. Myers, FL 33901	
(City/State	and Zip Code)
For further information concerning this matter, please	call:
Barbara Mitchell	at (239) 728-6100
(Name of Contact Person)	at (239) 728-6100 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Depa	rtment 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.	
The name of the corporation: Island Park Village, Section II, Condominium Assoc. Inc	
2. The principal office address: 3602 Broadway Ave	_
Fort Myers, FL 33901	
3. The mailing address (if different): 3602 Broadway Ave	
Fort Myers, FI 33901	
4. Date of incorporation/qualification: Document number:	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Karen Pahnke	
17743 Grande Bayou Ct Fort Myers, FI 33908 TALLAR TARRY 30	
Fort Myers, FI 33908	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Broadway Association Management, LLC	
Broadway Association Management, LLC	
3602 Broadway Ave	
(P.O. Box NOT acceptable)	
Ft. Myers, FL 33901	
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.	
\mathcal{L}	
(Signature of an officer of director) 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 of Registered Agent) (Date)	
If signing on behalf of an entity:	
Broadway Assoc. Want. LLC (Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *