## 770434

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	_
(Cit	ry/State/Zip/Phon	e #)
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## COVER LETTER

TO: Amendment Section Division of Corporations The Capri of Singer Island Condominium Association, Inc. Name of Corporation 770434 **DOCUMENT NUMBER:** 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: Teresa Fredricks, Property Mgr. Name of Contact Person The Capri of Singer Island Condominium Association, Inc. Firm/Company 5250 N. Ocean Drive - # 8N Address Singer Island, Florida 33404 City/State and Zip Code capricondominium@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Teresa Fredricks Area Code & Daytime Telephone Number 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 ch	he provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, change is submitted for a corporation organized under the laws of the State of Florida	this ———	
	rder to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of	of the corporation: The Capri of Singer Island Condominium Associat	ion, Ir	IC.
2. The principa	pal office address: 5250 North Ocean Drive, Singer Island, FL 33404		
3. The mailing	g address (if different):		
4. Date of incom	corporation/qualification: 12/28/1998 Document number: 770434		
5. The name an	and street address of the current registered agent and registered office on file with the partment of State: (If resigned, enter resigned)		
	John Stoever		
	5250 N. Ocean Drive # 15S		
	Singer Island, FL 33404		
6. The name an (if changed):	and street address of the new registered agent (if changed) and /or registered office	16 J	
	John Stoever	L 2	· · · · · · · · · · · · · · · · · · ·
	5250 North Ocean Drive, Unit # 8N	25 A	
	P.O. Box NOT acceptable	PH IO:	1
	Singer Island, FL 33404		•
The street addr as changed wil	dress of its registered office and the street address of the business office of its register vill be identical.	ed agen	t,
Such change wanthorized by t	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	)	
Signat	John Stoever, Treasurer Printed or typed name and title		
I further agree performance of agent. Or, if th	ept the appointment as registered agent and agree to act in this capacity.  se to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as regis this document is being filed merely to reflect a change in the registered office addres without the dorporation has been notified in writing of this change.	stered s, I	
_Cfl	Cle Holin 7/22/2016		
	Signature of Registered Agent I Jate		
If signing on bo	behalf of an entity:		
	nger Island Condominium Association, Inc.		
1	Typed or Printed Name		

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