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ACCOUNT NO.

072100000032

SECRETARY OF STATE TALLAHASSEE, FLORIDA

REFERENCE

839846

7103152

AUTHORIZATION

COST LIMIT

\$ 35.00

ORDER DATE: September 22, 2000

ORDER TIME: 4:57 PM

ORDER NO. : 839846

CUSTOMER NO: 7103152

CUSTOMER: Scott Ketchum, Esq

Goodlette Coleman & Johnson,

Suite 300

4001 Tamiami Trail North

Naples, FL 34103

CHANGE OF AGENT

NAME:

RUM BAY II AT BRIDGEWATER BAY

CONDOMINIUM ASSOCIATION, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds EXT 1133

& COULLIETTE SEP 2 5 2000

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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	The name of the corporation is:	<u>Rum Bay I</u>	I at Bridgewater Bay Condominium	
	Association, Inc.			
2.	The mailing address of the corp-	oration is:	2055 Trade Center Way, Naples,	
	Florida 34109			
3.	Pate of incorporation/qualification: 04/05/2000 Document number: N00000002254			
4.	The name and address of the cu	name and address of the current registered agent and office:		
	Tamela E. Wiseman			
	600 Fifth Avenue South, Suite 301			
	Naples, Florida 34102			
5.	The name and address of the new		t and office: (P.O. Box Not Acceptable)	
	Scott M. Ketchum			
	4001 Tamiami Trail North, Suite 300			
	Naples, Florida 34103			
The st	•	ent and the stree	et address of the business office of its	
Such c so autl	hange was authorized by resoluti horized by the board.	on duly adopted	by its board of directors or by an officer	
	Marine 1			
(Si	gnature of an officer, chairman or vice ch	airman of the board)	September 20, 2000 (Date)	
		,	, ,	
	(Printed or typed name and title)	-	<u> </u>	
Напіпа	· · · · · · · · · · · · · · · · · · ·	to account cornice of	process for the above stated corporation,	
			o act in this capacity. I further agree to	
comnly	with the provisions of all statutes rel	a ugent und ugice to ative to the proper	and complete performance of my duties,	
	m familiar with and accept the oblig			
	//who		September 20, 2000	
(5	Signature of Registered Agent)		(Date)	
If signi	ng on behalf of an entity:			
	(Typed or Printed Name)		(Capacity)	
onere :-	* * * FII	ING FEE: \$35.	00 * * *	
CR2E045	DIVISION OF CORPORATIONS	P.O. BOX 6327	TALLAHASSEE, FL 32314	