

N0000000 7850

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

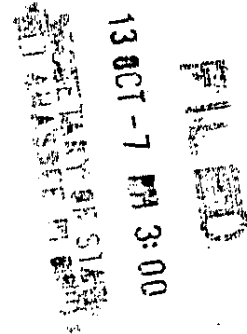
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RA Change

10/17/13

DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Castillo at Tiburon Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N00000007850

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:

Conrad Willkomm, Esq.

Name of Contact Person

Law Office of Conrad Willkomm, P.A.

Firm/Company

3201 Tamiami Trail North, Second Floor

Address

Naples, Florida 34103

City/State and Zip Code

conrad@swfloridalaw.com

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

For further information concerning this matter, please call:

Conrad Willkomm, Esq.

Name of Contact Person

at (239) 262-5303

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: Castillo at Tiburon Condominium Association, Inc.
2. The principal office address: 24311 Walden Center Drive, Suite 204, Bonita Springs, FL 34134
3. The mailing address (if different): _____

4. Date of incorporation/qualification: March 28, 2007 Document number: 3994040

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)

Samouce, Murrell & Gal, P.A.

5405 Park Central Court

Naples, FL 34109

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

Law Office of Conrad Willkomm, P.A.

~~530 11th Street South~~ 3201 Tamiami Trail North, Second Floor
34103 P.O. Box NOT acceptable
Naples, FL 34102

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, of the corporation has been notified in writing of the change.

X [Signature]
Signature of an officer or director

X Mary Ann Portman
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]
Signature of Registered Agent

10/11/2013
Date

If signing on behalf of an entity:

Conrad Willkomm
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