10100001330

(Re	questor's Name)		
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(Ad	dress)		
(Cit	y/State/Zip/Phone #)		
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ECRETARY OF STATE ALLAHASSEE, FLORID

open / ar

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Sabal Palm at Grandezza Neighl (Name of Corpor	borhood Association, Ing		
DOCUMENT NUMBER: N01000001330			
The enclosed Statement of Change of Registered Office/Age	ent and fee are submitted for filing.		
Please return all correspondence concerning this matter to th	e following:		
Robert W. Me (Name of Contact)	cClure Person)		
Robert W. McC (Firm/Compar	lure, P.A.		
3511 Bonita Bay Blvd. (Address)			
Bonita Springs (City/State and Zip	, FL 34134 Code)		
For further information concerning this matter, please call:			
Robert McClure at (Name of Contact Person)	(239) 948-9740 (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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, th ange is submitted for a corporation organized under the laws of the State of Florida ar to change its registered office or registered agent, or both, in the State of Florida.	is	
1. The name of	the corporation: Sabal Palm at Grandezza Neigborhood Association, Inc.	·	
2. The principal	office address: c/o Integrated Property Management, 265 Airport Road S	South	
Naples, F	L 34104		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 03/17/2006 Document number: N01000001330		
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)		
	Richard DeBoest		
	1415 Hendry Street	SE SE	09
	North Fort Myers, FL 33917	.LAH	JAN
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered office	ASSEE,	-8 AM
	Robert W. McClure	FE O	بو
e.	3511 Bonita Bay Blvd. (P.O. Box NOT acceptable)	RDA	37
	Bonita Springs, FL 34134		
The street addr as changed wil	ess of its registered office and the street address of the business office of its registere I be identical.	ed agent,	
Such change wauthorized by t	as 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.	ı	
Signa	JOEL SHAP, AO (Printed or typed name and title)	Pre	4,
Thereby accept I further agree of my duties, a document is be corporation ha	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete part and I am familiar with and accept the obligation of my position as registered agent. Sing filed merely to reflect a change in the registered affice address, I hereby confirm as been notified in writing of this change.	formance Or, if this 1 that the	
7 (mpo	Elli, Welline Movember 24, 301 (Date)	80	
If signing on b	ehalf 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)