

NO1 000000 1570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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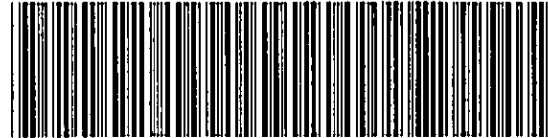
(Business Entity Name)

(Document Number)

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ALBRITTON

LAW OFFICE OF PAUL P. PACCHIANA, P.A.
PAUL P. PACCHIANA, ESQ.
5621 STRAND BLVD, SUITE 210
NAPLES, FL 34110

ADMITTED
FLORIDA
AND NEW YORK

PHONE: (239) 596-0777
FAX: (239) 592-5666
PAUL@PPPFLORIDALAW.COM

Via U.S. Mail

Jun 14, 2021

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Coconut Grove Homeowner's Association, Inc.
Document #N01000001570

Dear Sir or Madam:

Please find enclosed the following documents and checks made payable to Florida Department of State to be filed for the above referenced Florida corporation.

- Resignation of Ed Olah as Registered Agent, along with check #2880 in the amount of \$87.50.
- Resignation of Ed Olah as President, Secretary and Treasurer, along with check #2882 in the amount of \$35.00
- Resignation of Joseph A. Delapa as Vice President, along with check #1881 in the amount of \$35.00.
- Statement of Change of Registered Office or Registered Agent or Both to Lisa Barnes, along with check #1528 in the amount of \$35.00

Thank you for your assistance in this matter.

Very truly yours,



Kristie Cook
Legal Assistant

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COCONUT GROVE HOMEOWNER'S ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N01000001570

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:

LISA BARNES
Name of Contact Person

Firm/Company

5621 WILKESWOOD BLVD #901
Address

NAPLES, FL 34110
City/State and Zip Code

LISA@LISABHOMESLLC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LISA BARNES at (239) 687-0967
Name of Contact Person 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: COCONUT GROVE HOMEOWNER'S ASSOCIATION, INC.
2. The principal office address: 63 THORNCREST LANE, NAPLES, FL 34113
3. The mailing address (if different): P.O. Box 551, NAPLES, FL 34106
4. Date of incorporation/qualification: MARCH 2, 2001 Document number: N01000001570
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)

RESIGNED

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

Lisa Barnes
5631 Whisperwood Blvd #901
Naples, FL 34110
P.O. Box NOT acceptable

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.

Jam M Barnes
Signature of an officer or director

Lisa M Barnes
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.

Jam M Barnes
Signature of Registered Agent

6-8-2021
Date

If signing on behalf 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
CR2F045 (04/13)

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