

NO1000005074

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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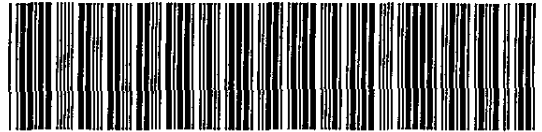
(Business Entity Name)

(Document Number)

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**ROBERT W. GROTH, P.A.**

ATTORNEY AT LAW  
5425 PARK CENTRAL COURT  
NAPLES, FLORIDA 34109

ROBERT W. GROTH  
ADMITTED IN FLORIDA,  
MINNESOTA AND THE  
U.S. SUPREME COURT

TELEPHONE: (239) 593-1444  
FAX: (239) 593-1169

October 28, 2004

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

Re: Guilford Arms Condominium Association, Inc.  
Document Number N01000005074

Dear Sir or Madam:

The enclosed "Statement of Change of Registered Office or Registered Agent" is submitted for filing. Please return all correspondence concerning this matter to me at the above address.

Also enclosed is our filing fee in the amount of \$35.00 payable to the Secretary of State and an extra copy of the "Statement of Change of Registered Office or Registered Agent" which we ask you to file-stamp and return in the self-addressed, pre-stamped envelope for our records. Thank you.

Yours very truly,



ROBERT W. GROTH

RWG/tf

Enclosures

cc: Carolyn Quistberg  
William A. Stackpoole  
Matthew & Colleen DeCouto

**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: GUILFORD ARMS CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 5960 SONOMA LANE  
NAPLES, FL 34119
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 07/16/01 Document number: N01000005074
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
J. THOMAS CONROY  
3838 TAMiami TRAIL NORTH, SUITE 402  
NAPLES, FL 34103
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
CAROLYN QUISTBERG  
5960 SONOMA LANE  
(P.O. Box NOT acceptable)  
NAPLES, FL 34119

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TALLAHASSEE, FLORIDA

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.

Carolyn Quistberg  
(Signature of an officer or director)

CAROLYN QUISTBERG, PRESIDENT  
(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.*

Carolyn Quistberg  
(Signature of Registered Agent)

10/28/04  
(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

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GUILFORD ARMS CONDOMINIUM ASSOCIATION, INC.  
(Name of corporation)

**DOCUMENT NUMBER:** N01000005074

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:

Carolyn Quistberg  
(Name of contact person)

(Firm/Company)

5960 Sonoma Lane  
(Address)

Naples, FL 34119  
(City/state and zip code)

For further information concerning this matter, please call:

Carolyn Quistberg at (239) 777-3454  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399