

NO2000000071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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R.A. Chy.  
C.COULLIETTE

DEC 09 2011

EXAMINER

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Pier 81 Condominium Assoc. Inc.  
(Name of corporation)

DOCUMENT NUMBER: N02000000071

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:

Travor Suty  
(Name of contact person)

Sandcastle Community Mgmt  
(Firm/Company)

1719 Trade Center Way #4  
(Address)

Naples, FL 34109  
(City/state and zip code)

For further information concerning this matter, please call:

Travor Suty at ( 239 ) 596-7200  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 30, 2011

TRACOR LUTZ  
SANDCASTLE COMMUNITY MGMT  
1719 TRADE CENTER WAY  
NAPLES, FL 34109

SUBJECT: PIER 81 CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N02000000071

We have received your document for PIER 81 CONDOMINIUM ASSOCIATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The registered agent listed is a dissolved corporation. You must have an active corporation shown as registered agent or an individual.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette  
Regulatory Specialist II

Letter Number: 411A00026887

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TALLAHASSEE, FLORIDA

**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: Pier 81 Condominium Assoc. Inc.
2. The principal office address: 1078 Bald Eagle Drive  
Marco Island, FL 34145
3. The mailing address (if different): 1719 Trade Center Way #4  
Naples, FL 34109
4. Date of incorporation/qualification: 1/07/02 Document number: NO2000000071
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Volks Corporation  
981 N. Collier Blvd  
Marco Island, FL 34145

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

Sandcastle Management, Inc.  
1719 Trade Center Way #4  
Naples, FL 34109  
(P.O. Box or personal mailbox 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, for the corporation has been notified in writing of the change.

[Signature]  
(Signature of an officer, chairman or vice chairman of the board)

Tavor Lutz, Agent  
(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)

11/11/11  
(Date)

If signing on behalf of an entity:

Carl Pucci  
(Typed or Printed Name)

Treasurer  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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