

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer						
Special Instructions to Filing Officer: .						

Office Use Only



400219089554

01/23/12-0154-019554

12 JAR 23 AH (B: 51 SEGRETARY OF STATE ALLAHASSEE, FLORID

A PROVE

Offin W

COVER LETTER

TO: Amendment Division of	Section Corporations					
SUBJECT: Be	II Tower Park Property	Owner's Associ	ation, Inc			
	Name	or Corporation				
DOCUMENT NUM	1BER:N	02000001803				
The enclosed Statem	ent of Change of Registered O	ffice/Agent and fee are	submitted for filing.			
Please return all corr	respondence concerning this ma	atter to the following:				
_		en Fulker	<u></u>			
	Name of	Contact Person				
	Cardinal Managerr	ent Group of Florid	la Inc			
-		n/Company	ia, iiio			
	7	<i>b</i> Company				
_	4670 Cardin	nal Way, Suite 302 Address				
Noples El 24112						
Naples, FL 34112 City/State and Zip Code						
	_	· · · · · · · · · · · · · · · · · · ·				
	a fulker@d	emgflorida.com				
- 	E-mail address: (to be used for	or future annual repor	rt notification)			
			,			
For further informati	on concerning this matter, plea	ase call:				
	Glen Fulker	, 230 ·	774 0722			
Nami	e of Contact Person	at (ZJ9-)	774-0723 Daytime Telephone Number			
Naiii	2 of Contact I cison	Area Coue &	e Dayume 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

CR2E045 (8/05)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a c	corporation organized	07.1508, or 617.1508, Flow under the laws of the State agent, or both, in the State	e of Florida		
	he corporation: Bell office address: 4670		perty Owner's Ass te 302	sociation, Inc		
3. The mailing a	ddress (if different):					
5. The name and	·	urrent registered agent	_ Document number:and registered office on file			
	Compass Group	Property Manager	nent			
	3701 Tamiami Tr	ail North				
	Naples, FL 34103	3		IZ JAB		
6. The name and (if changed):		•	changed) and /or registere	d office		
	Cardinal Manage	ment Group of Flo	rida, Inc.			
	4670 Cardinal Way, Suite 302 P.O. Box NOT acceptable					
	Naples, FL 34112		paole			
The street addre	ss of its registered off be identical.	ice and the street add	ress of the business office	of its registered agent,		
	//		its board of directors or b			
Sulder	e of an ornger of director		SANDRA T	D. ARCHER		
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as re o comply with the pro d I am familiar with a ng filed merely to refl been notified in writi	gistered agent and ag visions of all statutes nd accept the obligati ect a change in the req ng of this change.	ree to act in this capacity relative to the proper and on of my position as regis gistered office address, T			
	nature of Registered Agent		/-/b-	//		
If signing on bel			15000			
4	Fyl KEr pped 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)