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SECRETARY OF STATE ALLAHASSEE, FLORID

ECRETARY DE STATE

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COVER LETTER

Division of Corporations						
SUBJECT: Harbour Walk Condominium Assoc. Name of Corporation						
DOCUMENT NUMBER: N0200005103						
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:						
· · · · · · · · · · · · · · · · · · ·						
Susan M. Kase Name of Contact Person						
Name of Contact Person						
American Condominium Management						
Firm/Company						
615 Cape Coral Pkwy. W. #103						
Address						
·						
Cape Coral, FL 33914 City/State and Zip Code						
21 , 21111						
smkmgmt@embarqmail.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Susan M. Kase at (239) 542-4404 Name of Contact Person Area Code & Daytime Telephone Nu						
Name of Contact Person Area Code & Daytime Telephone Nu	mber					
Enclosed is a \$35.00 check made payable to the Department of State.						
Mailing Address: Street Address:						
Amendment Section Amendment Section						
Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building						

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, 617. inge is submitted for a corporation or ir to change its registered office or re	ganized under the laws of the State	of Florid	a	
1. The name of	the corporation: Harbour Walk	Condominium Association	on, I	UC_	
	office address: c/o Rossman Pro				
1104 SE 4	6th Lane #2, Cape Coral, FL	33904			
3. The mailing a	ddress (if different): (same)				
4. Date of incorporation/qualification: Document number:N020000051				103	
	d street address of the current register etment of State: (If resigned, enter res		with the		
	Michelle Rossman				
•	c/o Rossman Property Mana	gement	SECI	2009 OCT	Ma terrania
	1104 SE 46th Lane #2, Cape	e Coral, FL 33904	RETAI)CT -	
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered	SE JE S	5 AH	
	Susan M. Kase		JANE ORIĐ	£.	
	c/o American Condominium	Management			
	615 Cape Coral Pkwy. W. #1	·			
The street address changed will	ess of its registered office and the street be identical.	reet address of the business office	of its regis	tered a	gent,
Such change was authorized by the	as authorized by resolution duly addene board, or the corporation has been	opted by its board of directors or by n notified in writing of the change.	an office	r so	
- Wild	elle Rosman	Michelle Rossm Printed or typed name a	nan, CAN	<u>/</u>	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agen to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change i s been notified in writing of this cha	nt and agree to act in this capacity. statutes relative to the proper and obligation of my position as regist in the registered office address, I honge.	complete p tered agen ereby conf	perform t. Or i firm tha	nance if this at the
- Que	ian the lase	10/1/200	9		
· ·	Nature of Registered Agent Chalf of an entity:	Date			
	Susan M. Kase				
	yped 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)