

NO2 000008825

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: The Palms of McGregor HOA Inc.
Name of Corporation

DOCUMENT NUMBER: NO2000008825

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:

ELAINE PIERRO
Name of Contact Person

TURNKEY Association Management LLC
Firm/Company

15880 Summerlin Rd # 300, Box 192
Address

FORT MYERS FL 33908
City/State and Zip Code

elaine@turnkeyfl.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELAINE PIERRO at (239) 322-4788
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: The Palms of McGregor Homeowners Association, Inc
2. The principal office address: 11595 Kelly Road #120-A
Fort Myers, FL 33908
3. The mailing address (if different): 15880 Summerlin Rd #300, Box 192
Fort Myers, FL 33908
4. Date of incorporation/qualification: 11-14-02 Document number: N02000008825
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)
Brenda Marsh
4420 Flagship Drive
Fort Myers, FL 33919

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

TURNKEY ASSOCIATION MANAGEMENT LLC
11595 Kelly Rd #120-A
P.O. Box NOT acceptable
Fort Myers, FL 33908

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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.

Mary Albarado
Signature of an officer or director

MARY ALBARADO
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.

Elaine Pierro
Signature of Registered Agent

4-30-12
Date

If signing on behalf of an entity:

ELAINE PIERRO
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