

NO30000001874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

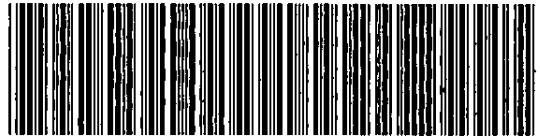
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TUSCANY COVE MASTER PROPERTY OWNER ASSOC.  
Name of Corporation

**DOCUMENT NUMBER:** NO3000001874

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:

GRAHAM NORCOMBE  
Name of Contact Person

MOORE PROPERTY MANAGEMENT, LLC  
Firm/Company

745 12TH AVE. S. #AA  
Address

NAPLES, FL 34102  
City/State and Zip Code

GNORCOMBE@MOOREPM.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GRAHAM NORCOMBE at ( 239 ) 262-5051  
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: TUSCANY COVE MASTER PROPERTY OWNERS ASSOCIATION, INC.  
2. The principal office address: 745 12<sup>TH</sup> AVE. S. # AA  
NAPLES, FL 34102  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 3/3/2003 Document number: N03000001874

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)

R + P PROPERTY MANAGEMENT  
265 AIRPORT RD S.  
NAPLES, FL 34104

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

MOORE PROPERTY MANAGEMENT, LLC  
745 12<sup>TH</sup> AVE. S. # AA  
P.O. Box NOT acceptable  
NAPLES, FL 34102

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.

X *K.P. McComick*  
Signature of an officer or director

K.P. McCOMICK. 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.*

*G. J. Nacomb*  
Signature of Registered Agent

October 1st 2009.  
Date

If signing on behalf of an entity:

GRAHAM NACOMB  
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