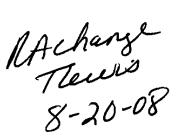
N0300001980

(Re	questor's Name)			
,	,			
(Address)				
•				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Certified Copies	_ Certificates	or Status		
Special Instructions to	Filing Officer			
Special Instructions to Filing Officer:				
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08/18/08--01015--011 **35.00



COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Calusa Palms Master Association				
(Name of Corporation)				
DOCUMENT NUMBER: N03000001980				
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:				
Krystal Smith				
(Name of Contact Person)				
Detali & Associates, Inc.				
(Firm/Company)				
8890 Terrene Court Suite 101				
(Address)				
Bonita Springs, FL 34135				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Karatal Carith	. 220			
Krystal Smith (Name of Contact Person)	at (239) 495-1057 (Area Code & Daytime Telephone Number)			
,	•			
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Amendment Section	Street Address:			
	Amendment Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

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

•	•	607.1508, or 617.1508, Florida Statutes, this and under the laws of the State of Florida	
in order to cha	nge its registered office or registered	d agent, or both, in the State of Florida.	
1. The name of the corp	oration: Calusa Palms Master Associ	ciation, Inc.	
2. The principal office a	address: 8890 Terrene Court Suite 10	01, Bonita Springs, FL 34135	
3. The mailing address ((if different):	, , , , , , , , , , , , , , , , , , ,	
4. Date of incorporation	n/qualification: 03/06/2003	Document number: N03000001980	
5. The name and street a Florida Department of		nt and registered office on file with the	
TOP	MANAGEMENT OF SW FL., I	INC.	
1668	1 McGregor Blvd. #104		
Fort !	Myers, FL 33908		
6. The name and street a (if changed):	address of the new registered agent (i	(if changed) and /or registered office	
Deta	li & Associates, ₽.A.	PS R	
8890	Terrene Court Suite 101		
Bonit	(P.O. Box NOT acceptable) Bonita Springs, FL 34135		
·····			
		dress of the business office of its registered agent,	
Such change was authorized by the boar	orized by resolution duly adopted b d, or the corporation has been notif	by its board of directors or by an officer so fied in writing of the change.	
Moall	L	Larry Kosilla, President	
\	officer or director)	(Printed or typed name and title)	
I hereby accept the app I further agree to comp of my duties, and I am document is being filed corporation has been t	pointment as registered agent and a ply with the provisions of all statute familiar with and accept the obliga d merely to reflect a change in the r notified in writing of this change.	agree to act in this capacity. es relative to the proper and complete performance ation of my position as registered agent. Or, if this registered office address, I hereby confirm that the	
Charlet &		7/10/08	
(Signature of	Registered Agent)	(Date)	
If signing on behalf of	an entity:		
Jack Don Taliaferro	Printed Name)		
(Typed of I		. 625.00 + 4 +	

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