

**N03 00000/980**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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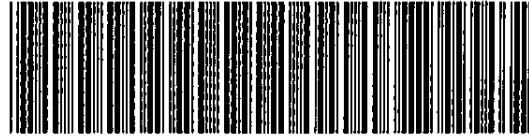
(Business Entity Name)

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12-13-11*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Calusa Palms Master Association, Inc.  
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:

PAULA R. SMITH  
Name of Contact Person

J BROOKS & ASSOCIATES, INC.  
Firm/Company

17041 ALICO COMMERCE COURT, #1  
Address

FORT MYERS, FL 33967  
City/State and Zip Code

PAULA-SMITH@JBROOKSAI.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAULA R. SMITH at ( 239 ) 313-7129  
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

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.

- Signature of an officer or doctor

Printed or typed name and title

Signature of Registered Agent

Date \_\_\_\_\_

JERRY D. BROOKS

Typed or Printed Name

CR2E045 (8/05)