N03000002518

(R	equestor's Name)				
		•			
(Address)					
(Address)					
(C	ity/State/Zip/Phone	: #)			
					
PICK-UP	WAIT	MAIL			
(B	usiness Entity Nam	ıe)			
(Document Number)					
Certified Copies Certificates of Status					
		•			
Special Instructions to Filing Officer:					
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RA. Change C.COULLIETTE

OCT 0 6 2009

EXAMINER

COVER LETTER

TO:	O: Amendment Section Division of Corporations					
SUBJI	ЕСТ:	Wind Song Condo	minium Assoc.			
DOCU	JMENT NUMBER	:N03	000002518			
The en	closed Statement of	Change of Registered Offic	e/Agent and fee are subr	nitted for filing.		
Please	return all correspon	dence concerning this matter	r to the following:			
			M. Kase ntact Person			
American Condominium Management Firm/Company						
615 Cape Coral Pkwy. W. #103 Address						
		Cape Coral City/State at	, FL 33914 nd Zip Code			
smkmgmt@embarqmail.com E-mail address: (to be used for future annual report notification)						
For fur	ther information co	ncerning this matter, please of	eall:			
		M. Kase	at (239)	542-4404		
	Name of Co	ontact Person	Area Code & Day	542-4404 /time Telephone Number		
Enclos	ed is a \$35.00 check	made payable to the Depart	ment of State.			
	A D P.	ailing Address: mendment Section ivision of Corporations O. Box 6327 allahassee, FL 32314	Street Address Amendment Division of C Clifton Build 2661 Execut Tallahassee,	Section Corporations Iing ive Center Circle		

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

statement of cha	provisions of sections 607.0502, 617.0 inge is submitted for a corporation org er to change its registered office or reg	ganized under the laws of the State	e of Florida
1. The name of	the corporation: Wind Song Col	ndominium Assoc <i>iatio</i>	n of Cape Coral Inc.
2. The principal	office address: c/o Rossman Pro	perty Management	
1104 SE 4	16th Lane #2, Cape Coral, FL 3	33904	
3. The mailing a	address (if different): (same)		
4. Date of incorp	poration/qualification:	Document number:	N03000002518
	d street address of the current registere rtment of State: (If resigned, enter resigned)		le with the
	Michelle Rossman		
	c/o Rossman Property Manag	gement	
	1104 SE 46th Lane #2, Cape	Coral, FL 33904	
6. The name and (if changed):	d street address of the new registered a	gent (if changed) and /or registere	ed office
	Susan M. Kase		ज ह
	c/o American Condominium M		
	P.O. Box 615 Cape Coral Pkwy. W. #10	NOT acceptable	90 :
-	ess of its registered office and the street be identical.	eet address of the business office	
Such change was authorized by the	as authorized by resolution duly adoption board, or the corporation has been	oted by its board of directors or be notified in writing of the change	by an officer so e.
Michel	le Rossian re of an officer or director	Michelle Ross	man, CAM
I further agree t of my duties, an document is bei	the appointment as registered agent to comply with the provisions of all s ad I am familiar with and accept the ing filed merely to reflect a change in s been notified in writing of this chan	tatutes relative to the proper and obligation of my position as regi of the registered office address. I). d complete performance stered agent. Or, if this hereby confirm that the
Driver	nature of Registered Agent	10/1/20 Date	09
If signing on be	chalf of an entity:		
	Susan M. Kase yped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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