N03000004/27

(Requestor's Name)
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(Business Entity Name)
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February 20, 2019

GRANDE EXCELSIOR AT THE GRANDE PRESERVE CONDOMINIUM 840 111th Avenue North, Suite 10 Naples, FL 34110

SUBJECT: GRANDE DOMINICA AT THE GRANDE PRESERVE

CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N03000004127

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

PLEASE SEND OUR OFFICE THE DOCUMENT BEING FILED.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Darlene Connell Regulatory Specialist II Supervisor

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Letter Number: 819A00003670

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COVER LETTER

TO:

Amendment Section Division of Corporations

Grande Dominica at the Grande Preserve Condominium Association, Inc.		
SUBJECT: Name of Corporation		
DOCUMENT NUMBER: NO300004127		
DOCUMENT NUMBER: NOSOGOOG 127		
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:		
William Arell Harris		
Name of Contact Person		
Grande Excelsior at the Grande Preserve Condominium Association, Inc.		
Firm/Company		
840 111 TH AVENUE NORTH, SUITE 10		
Address		
Naples,FL. 34108		
City/State and Zip Code		
stephenclapp@dunesofnaples.com		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Stephen Clapp Name of Contact Person Name of Contact Person at (239) 591-8266 Area Code & Daytime Telephone Number		
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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Grande Dominica at the Grande Preserve Condominium Association, Inc.
	office address: 295 Grande Way, Naples,FL. 34110
3. The mailing a	address (if different): 840 111th Ave.N. Suite 10, Naples, FL. 34108
4. Date of incorp	poration/qualification: May 15, 2003 Document number: N0300004127
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Isabelle Hart
	840 111th Ave.N. Suite 10
	Naples, FL. 34108
6. The name and (if changed):	William Arell Harris 840 111th Ave N. Suite 10
	William Arell Harris
	840 111th Ave.N. Suite 10
	Naples, FL. 34108
The street addre	ess of its/registered office and the street address of the business office of its registered agent, be identical.
Such/change wa authorized by th	as authofized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
Jahr	The ordin officer or director John M. Delinsky Vicelkesion T
I hereby accept I further agree to performance of lagent. Or, if thi	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
WM_Sign	Acture of Registered Agent 1-18-19 Date
If signing on bel	half of an entity:
W:11.'a - Ty	A. Harris ped or Printed Name

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