

N030000005622

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Corkscrew Palms Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: NO3000005622

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:

Stephanie Miller
Name of Contact Person

Select Real Estate
Firm/Company

9250 Corkscrew Rd. Suite 8
Address

Estero, FL 33928
City/State and Zip Code

Stephanie@seletre.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Miller at (239) 277-1515
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: Corkscrew Palms Condominium Association, Inc
2. The principal office address: 9250 Corkscrew Rd. Suite 8
Estero, FL 33928
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 07/01/2003 Document number: N03000005622

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)

Holt, Joanne
9470 Corkscrew Palms Circle Suite 103
Estero, FL 33928

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

Stephanie Miller
9250 Corkscrew Rd. Suite 8
Estero, FL 33928

P.O. Box NOT acceptable

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.

Jugrid Wettmann
Signature of an officer or director

Ingrid Wittmann,
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.

Stephanie Miller
Signature of Registered Agent

11/1/2018
Date

If signing on behalf of an entity:

Stephanie Miller
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