## N03000007564

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ac                     | ldress)            | ,         |
| (Ac                     | ldress)            |           |
| (Ci                     | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bı                     | ısiness Entity Nan | ne)       |
| (Do                     | ocument Number)    | ******    |
| Certified Copies        | Certificates       | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |
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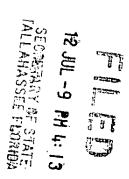
Office Use Only



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JUL 1 0 2012 T. ROBERTS

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

| SUBJECT: ASCOT at LELY RESORT CONDOMINIUM ASSOCIATION, INC.  Name of Corporation             |
|--|
| DOCUMENT NUMBER: N03000007564 .  |
| 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:                    |
| TRAVOR LUTZ  |
| Name of Contact Person   |
| Sandcastle Management Inc Firm/Company   |
| 5495 Bryson Drive, Suite #412  |
| Address  |
| Naples, FL 34109   |
| City/State and Zip Code  |
| stephaniek@sandcastlecm.com  |
| E-mail address: (to be used for future annual report notification)                           |
| For further information concerning this matter, please call:  Traver Lutz 21 (239) 596-7200  |
| Travor Lutz at (239) 596-7200  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

## TATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BUTH 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: ASCOT at LELY RESORT CONDOMINIUM ASSOCIATION INC.   |
|---|
| 2. The principal office address: 5495 Bryson Drive, Suite #412, Naples, FL 34109  |
| 3. The mailing address (if different): Same   |
| 4. Date of incorporation/qualification:09/02/2003 Document number:N03000007564  |
| 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)  TRAVOR LUTZ  400 Building at Park Central North, Suite #412  Naples, FL 34109   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  TRAVOR LUTZ 5495 Bryson Drive, Suite #412 Naples, FL 34109   |
| 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 contraining has been notified in writing of the change.   |
| Signature of an officer or director  P. D. Demets Ky  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 profisions of all statutes relative to the proper and complete performance of my duties, and I am function 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.  Signature of Registered Agent  If signing on behalf of an entity: |
| Travor Lutz 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