## NO3231

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(20011000 21111, 11011110,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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06/06/11--01004--001 \*\*35.00

Rolly



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## **COVER LETTER**

TO: Amendment Division of	nt Section f Corporations				
SUBJECT:	Section 20 Property Own	er's Association, Inc.			
DOCUMENT NU	MBER:	N03231			
The enclosed State	ment of Change of Registered Offic	e/Agent and fee are submitted for filing.			
Please return all co	rrespondence concerning this matte	to the following:			
		-			
		kubaitis ntact Person			
	Section 20 Property Ov				
	Firm/Co	эпрапу			
24901 Sandhill Boulevard, Unit 15					
	Add	ress			
	Punta Gord	a, FL 33983			
	City/State at	la Zip Code			
	bookkeeper@de				
	E-mail address: (to be used for f	uture annual report notification)			
For further informa	tion concerning this matter, please	rall:			
	Kim Jakubaitis	at ( 941 ) 627-6562 Area Code & Daytime Telephone Number			
Nan	ne of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35.0	0 check made payable to the Depart	ment 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 ch	ange is submitted for a co	orporation organize	607.1508, or 617.1508, Flor, ed under the laws of the State ed agent, or both, in the State	of Florida
		•	ty Owner's Associati	on, Inc.
2. The principa	al office address: 24901	Sandhill Bouley	vard, Unit 15	
	Punta (	Gorda, FL 3398	13	
3. The mailing	address (if different): Sa	me as above		
4. Date of inco	rporation/qualification:	5/22/1984	Document number:	N03231
	nd street address of the cur artment of State: (If resign		nt and registered office on file	e with the
	Kim Jakubaitis, C.	A.M., L.L.C.		
2000 Rio de Janeiro Avenue, Suite 5				
	Punta Gorda, FL 3	3983		
6. The name ar (if changed):		w registered agent (	(if changed) and /or registered	l office
	24901 Sandhill Bo	ulevard, Unit 15	5	
	Punta Gorda, FL 3			
		P.O Box NOT a	cceptable	
The street addi	ress of its registered office Il be identical.	ce and the street ad	dress of the business office	of its registered agent,
Such change vauthorized by	vas authorized by resolut the board, or the corpora	ion duly adopted b tion has been notif	by its board of directors or by fied in writing of the change	y an officer so
Signat	cure of anyolicer or director	ms	George H. Kearn	s, President
l further agree of my duties, a document is be	of the appointment as reg to comply with the prov and I am familiar with an eing filed merely to reflec as been notified in writin	isions of all statute d accept the oblige ct a change in the 1	agree to act in this capacity. es relative to the proper and ation of my position as regis registered office address, I h	complete performance tered agent. Or, if this ereby confirm that the
Kun s	ignature of Registered Agent	<u></u>	June 1, 20 Date	011
If signing on b	ehalf of an entity:			
	Kim Jakubaitis			
'	Typed or Printed Name			

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