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RA.

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COVER LETTER

TO: Amendment Division of	nt Section Corporations				
SUBJECT: Palm Breeze II Condominium Assoc. Name of Corporation					
DOCUMENT NU	mber: N04	000002747			
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all co	rrespondence concerning this matte	r to the following:			
	Susan	M. Kase			
•	Name of Co	ntact Person			
		inium Management			
	r irm/C	эпрапу			
	615 Cana Cora	Pkwy W #103			
	Ado	Pkwy. W. #103			
	Cape Cora	l. FL 33914			
	City/State a	l, FL 33914 nd Zip Code			
	smkmgmt@em	haromail com			
_	E-mail address: (to be used for t	future annual report notification)			
For further informa	tion concerning this matter, please	call:			
	Susan M. Kase	-4/ 239 \ 5/2-///	na -		
	ne of Contact Person	at (239) 542-440 Area Code & Daytime Telephone	Number		
Enclosed is a \$35.00 check made payable to the Department of State.					
	Mailing Address:	Street Address:			
	Amendment Section	Amendment Section Division of Corporations			
	Division of Corporations P.O. Box 6327	Clifton Building			
	Tallahassee, FL 32314	2661 Executive Center Circ	cle		
	•	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, nge is submitted for a corporation organiz r to change its registered office or register	ed under the laws of the State o	of Florida
1. The name of t	he corporation: Palm Breeze II Co	ndominium Associa	tion, Inc.
	office address: c/o Rossman Propert 6th Lane #2, Cape Coral, FL 3390		
3. The mailing a	ddress (if different): (same)		
4. Date of incorp	poration/qualification: 3/16/2004	Document number:	N04000002747
	street address of the current registered age truent of State: (If resigned, enter resigned		with the
•	Michelle Rossman		
	c/o Rossman Property Managem	ent	
	1104 SE 46th Lane #2, Cape Co	ral, FL 33904	ZOBO OCT
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered	officesse
	Susan M. Kase	·-	
	c/o American Condominium Man		1: 32
	P.O. Box NOT 615 Cape Coral Pkwy. W. #103,	·	72-
	ess of its registered office and the street a be identical.	ddress of the business office	
Such change wa authorized by the	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by ified in writing of the change.	an officer so
- Wichen Signatur	lle Rosman	Michelle Rossm Printed or typed name a	nan, CAM
I hereby accept I further agree to of my duties, an document is beil corporation has	the appointment as registered agent and to comply with the provisions of all statu d I am familiar with and accept the oblig ng filed merely to reflect a change in the s been notified in writing of this change.	agree to act in this capacity, tes relative to the proper and gation of my position as regist registered office address, I h	complete performance tered agent. Or, if this tereby confirm that the
- Quar	nature of Registered Agent	10/1/200 Date	9
If signing on be	half 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 * * *