

ND4DDDD03939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

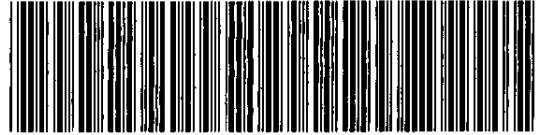
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800168728408

02/16/10--01023--014 \*\*35.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 FEB 16 PM 12:38

RAR/RO/chs  
@ 5/17/10

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Doral Palace Condominiums  
Name of Corporation

**DOCUMENT NUMBER:** N04000003939

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:

Valentino Losauro  
Name of Contact Person

Doral Palace Condominium Association  
Firm/Company

3300 North Key Drive #8W  
Address

North Fort Myers, Florida 33903  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Valentino Losauro at ( 239 ) 826-6564  
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: Doral Palace Condominium Association
2. The principal office address: 3602 Skyline Boulevard, Cape Coral, Florida 33914
3. The mailing address (if different): 3300 North Key Drive #8W, North Fort Myers, Florida 33903
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: N04000003939
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)

Lauren Grace -

3602 Skyline Boulevard, Unit 203

Cape Coral, Florida 33914

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

Valentino Losauro


3300 North Key Drive #8W

P.O. Box NOT acceptable

North Fort Myers, Florida 33903

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.

  
Signature of an officer or director

Lauren Grace - Board President  
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.*

  
Signature of Registered Agent

02/01/2010  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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  
CR2E045 (8/05)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 FEB 16 PM 12:38