

# N04 00000 4394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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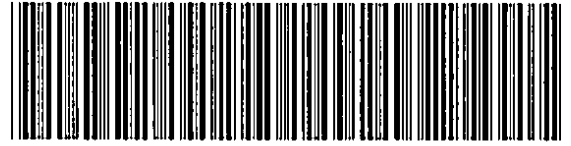
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

2019 MAR - 7 AM 11:36

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2019

GRANDE PHOENICIAN AT THE GRANDE PRESERVE CONDOMINIUM  
840 111th Avenue North, Suite 10  
Naples, FL 34110

SUBJECT: GRANDE PHOENICIAN AT THE GRANDE PRESERVE  
CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N04000004394

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

PLEASE SEND OUR OFFICE THE DOCUMENT BEING FILED.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Darlene Connell  
Regulatory Specialist II Supervisor

Letter Number: 519A00003669

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

2-1-19  
63530

**SUBJECT:** Grande Phoenician at the Grande Preserve Condominium Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N04000004394

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:

**William Arell Harris**  
Name of Contact Person

Grande Phoenician at the Grande Preserve Condominium Association, Inc.  
Firm/Company

**840 111 TH AVENUE NORTH, SUITE 10**  
Address

**Naples, FL. 34108**  
City/State and Zip Code

**stephenclapp@dunesofnaples.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Stephen Clapp** at ( 239 ) 591-8266  
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: Grande Phoenician at the Grande Preserve Condominium Association, Inc.
- 2. The principal office address: 275 Indies Way, Naples, FL. 34110
- 3. The mailing address (if different): 840 111th Ave.N. Suite 10, Naples, FL. 34108
- 4. Date of incorporation/qualification: May 3, 2004 Document number: N04000004394

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)

Isabelle Hart  
840 111th Ave.N. Suite 10  
Naples, FL. 34108

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

William Arell Harris  
840 111th Ave.N. Suite 10  
Naples, FL. 34108

P.O. Box NOT acceptable

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 SECRETARY OF STATE  
 TALLAHASSEE, FL

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

Thomas M. KURGAN  
 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

1-18-19  
 Date

If signing on behalf of an entity:

William A. Harris  
 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