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COVER LETTER

SUBJECT: ESPLANADE I CONDOMINIUM ASSOCIATION, INC Name of Corporation DOCUMENT NUMBER: N04000004517 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: JAMIE B. GREUSEL, ESQUIRE Name of Contact Person LAW OFFICE OF JAMIE B. GREUSEL Firm/Company 1104 N. COLLIER BOULEVARD Address MARCO ISLAND, FL 34145 City/State and Zip Code * JBGLEGAL@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JAMIE B. GREUSEL Name of Contact Person at (239) 394-8111 Area Code & Daytime Telephone Number
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JAMIE B. GREUSEL at (239) 394-8111 Name of Contact Person Area Code & Daytime Telephone Number
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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 Circle Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 66 inge is submitted for a co r to change its registere	orporation organize	d under the laws of th	he State of FLO	ORIDA	
	the corporation: ES			•		
	office address: 72				34145	
	ddress (if different): <u>C/</u> ISLAND, FL 3414		ATION, 979 N. C	OLLIER BOULE	EVARD,	
	ooration/qualification: _5	·	Document numbe	r N04000004		
5. The name and	street address of the cu	rrent registered ager				
	CRAIG WOODWARD	, ESQUIRE				
,	606 BALD EAGLE	DRIVE, 5TH FL	R		201	
	MARCO ISLAND,	FL 34145			2 AON 8107	Ŋ
6. The name and (if changed):	street address of the ne		if changed) and /or re	gistered office	6 PH 2:	ת ס
		USEL, ESQUIRE			55	
	1104 N. COLL	P.O. Box NOT acce	entable			
	MARCO ISLAND		-pinore			
The street addre	ss of its registered offic be identical.	e and the street add	ress of the business	office of its regi	istered agent	,
Such change wa authorized by th	s authorized by resoluti e board, or the corporat	on duly adopted by ion has been notific	its board of director.ed in writing of the c	s or by an office hange.	er so	·
Signatur	e of an officer or effector		Dr Willam Printed or types	I NOUE	-V 11050	Ant
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm	the appointment as region comply with the provisions of the provision of the provision of the provision for the corporation has	istered agent and ag isions of all statutes isions with and acce and merely to reflect is been notified in wi	gree to act in this cap relative to the prope pt the obligation of n a change in the regis riting of this change.	pacity. er and complete ny position as re stered office add	egistered dress, I	
Sign	ly lature of Registered Agent	<u>~</u> _	Dá	19118		
If signing on bef	nalf of an entity:					
Ty	ped or Printed Name					

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