

N04000007467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

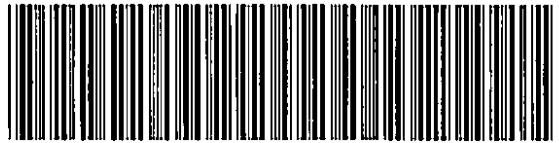
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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3/13/19
DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2019

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

SUBJECT: GRANDE EXCELSIOR AT THE GRANDE PRESERVE
CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N04000007467

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: 019A00003670

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STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

2-1-19
63530

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

DOCUMENT NUMBER: N04000007467

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 Excelsior 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

stephencclapp@dunesofnaples.com

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

For further information concerning this matter, please call:

Stephen Clapp

Name of Contact Person

at (239) 591-8266

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 Excelsior at the Grande Preserve Condominium Association, Inc.
2. The principal office address: 285 Grande Way, Naples, FL. 34110

3. The mailing address (if different): 840 111th Ave.N. Suite 10, Naples, FL. 34108

4. Date of incorporation/qualification: July 29, 2004 Document number: N04000007467

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

P O Box NOT acceptable

Naples, FL. 34108

SECRETARY OF STATE
TALLAHASSEE, FL

2019 MAR -7 AM 11:36

FILED

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

Gerald Bodshaw, Treasurer

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.

William A. Harris

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

CR2E045 (03/12)