N04000009070

(Re	equestor's Name)	
`		
(Ad	ldress)	
(Ad	ldress)	
(Cif	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
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Certified.Copies	Certificate	s⁻of⊦Status
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Special Instructions to	Filing Officer:	

Office Use Only



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09 JUL 20 AMII: 16

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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Calusa Palms V Condominium Association Inc						
Name of Corpo	ration					
DOCUMENT NUMBER: N04000	009070					
The enclosed Statement of Change of Registered Office/Ag	ent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:						
Name of Contact Person						
14mile of Collinet	resug					
Detall & Associates PA						
Firm/Company						
4061 Bonita Beach Rd, Suite 201						
Years						
Bonita Springs, F	1 34134					
City/State and Zip Code						
dtaliaferro@detaliasse	nciates com					
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Debi Taliaferro						
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Departmen	t of State					
Enclosed is a \$33.00 check made payable to the population						
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

Tallahassee, FL 32314

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

			07.1508, or 617.1508, FI			
			under the laws of the Sta			
		•	agent, or both, in the Sta	•		
			<u>ndominium Assoc</u>	ciation, Inc.		
2. The principal of	ffice address: 14746,	14752, 14758 C	alusa Palms Drive			
Fort Myers I	EL 33908					
3. The mailing add	tress (if different): 406	1 Bonita Beach	Rd, Suite 201			
Bonita Spi	rings, FL 34134					
4. Date of incorpo	ration/qualification:	09/22/2004	_ Document number:	N04000009070		
	treet address of the curn nent of State: (If resigne		and registered office on	file with the		
<u>[</u>	Bonita D Vandali			<u> </u>		
1	2650 Whitehall Dr			O DIVIS		
- F	Fort Myers, FL 339	07		Sign to		
6. The name and s (if changed):	treet address of the new	registered agent (if	changed) and /or register	OF JUL 20 AM II: 16		
<u></u>	Detali & Associates	, PA		= 1.5		
	1061 Bonita Beach	Rd, Suite 201	·	16		
_	P.O. Box NOT acceptable					
<u> </u>	Bonita Springs FL	34134				
as changed will b	e identicăl.			ce of its registered agent,		
Such change was authorized by the	authorized by resolution beard, or the corporation	on duly adopted by ion has been notific	its board of directors or ed in writing of the chan	by an officer so ge.		
X Lata	of an officer of director	<u>k</u>	ATJA KUJUZ - V	in Prosident / Sociatary		
I hereby accept the I further agree to of my duties, and document is being corporation has been seen to be a	he appointment as regi comply with the provi I am familiar with and g filed merely to reflect been notified in writing	stered agent and a sions of all statutes l accept the obligat t a change in the re t of this change.	gree to act in this capac s relative to the proper a tion of my posttion as re rgistered office address,	ity, ind complete performance eistered agent. Or, if this I hereby confirm that the		
4.			7/13/0	<u> </u>		
Sign	More Agent	7	' Date			
If signing on beh	alf of an entity:	_				
DOOT	ocd or Printed Name					
If signing on beh	alf of an entity:	t a change in the re t of this change.	rgistéred ôffice address. 100/00	Thereby confirm that the		

* * * 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)