

N05000000194

(Requestor's Name)

(Address)

(Address)

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DOCUMENTS

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TO: Amendment Section  
Division of Corporations

SUBJECT: Capriana Condominium Owners Association  
Name of Corporation

DOCUMENT NUMBER: N05000000194

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:

Dena Williams  
Name of Contact Person  
MAY Management Services  
Firm/Company  
5455 A1A South  
Address  
St. Augustine, FL 32080  
City/State and Zip Code  
dwilliams@mayresort.com  
E-mail address: (to be used for future annual report notification)

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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For further information concerning this matter, please call:

Dena Williams at (904) 940-1002 x956  
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: Capriana Condominium Owners Association
2. The principal office address: 5455 A1A South  
St. Augustine, FL 32080
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/23/2004 Document number: N05000000194
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)

Albanese Hollander  
P.O. Box 4257  
Ormond Beach, FL 32175-4257

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

MAY Management Services  
5455 A1A South  
P.O. Box NOT acceptable  
St. Augustine, FL 32080

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

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]  
Signature of an officer or director

Thomas G Burmeister Secretary/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.*

[Signature]  
Signature of Registered Agent

6/11/20  
Date

If signing on behalf of an entity:

Anna Marks  
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