## N05000000553

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
<b>.</b>		
Special Instructions to	Filing Officer:	
		_

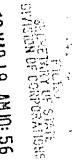
Office Use Only

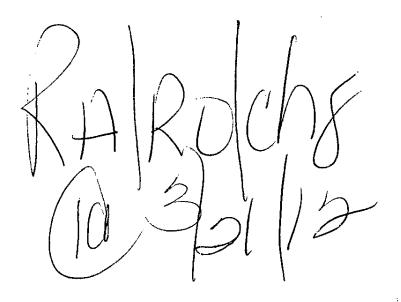


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## **COVER LETTER**

Division of Corporations
SUBJECT: Coloble store Townhones Condominum ASSOC, Inc
DOCUMENT NUMBER: NOS 00000553
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:
Denise Barber Name of Contact Person
EFFICA- SI Maggement Group Firm/Company
4400 Cortina Cir Address
Ft-Myers FU 33916 City/State and Zip Code
Cobble stone on the lake. ASSOC 2 mm. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Den Se Breber at 257 275-0115  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  Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## 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
in order to change its registered office or registered agent, or both, in the State of Florida.  1. The name of the corporation: Cobble Stone Townhomes Condom in the MS of In
2. The principal office address: 1700 Cortina Cir
3. The mailing address (if different):
5. The maining address (if directent).
4. Date of incorporation/qualification: 1-18-05 Document number: N 0 5 0 0 000 553
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)
4700 Execute CIC
1=1- Myers FL 33916
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
EFFICA-SI Management Group LC 4700 Cort ma Cir PO Box NOT acceptable
FT. Myers FL 33916
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  Den See Duby - Sec  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.
<u> </u>
If signing on behalf of an entity:
Typed or Printed Name  Typed or Printed Name
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 (8/05)