## N05000000573



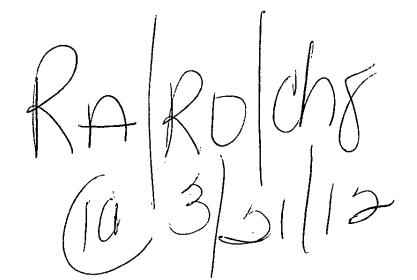


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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Cobblestone Condominium Assoc. Inc Name of Corporation
DOCUMENT NUMBER: N 0500000 573
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:
Derise Baber (Barber) Name of Contact Person
EFFICA-SI Managent Group-
4400 Cortina Cir
Ft Myers FL 33916 City/State and Zip Code
Cobblestone on the lake ASSOC @ Gmail · Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Deni Se Barber at (209) 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  Street Address:  Amendment Section  Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

Pussuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, statement of change is submitted for a corporation organized under the laws of the	\/
in order to change its registered office or registered agent, or both, in the	
1. The name of the corporation: Cobble Stone Condomini	on Association, INC
2. The principal office address: 4400 Cortina Cir	30611
3. The mailing address (if different):	3 7 1 16
4. Date of incorporation/qualification: \(\frac{1}{5} \frac{8-05}{0}\) Document number:	10500000573
5. The name and street address of the current registered agent and registered office Florida Department of State: (If resigned, enter resigned)	on file with the
Martin Maragement Gra	<u> </u>
4400 Executive circle	
- 1t Myes, FC 3391	<u>b</u> = ==================================
6. The name and street address of the new registered agent (if changed) and /or regi (if changed):	Stap LL 5
EFFICA-SI MANAgement	Grap LLC 5
P.O. Box NOT acceptable	——————————————————————————————————————
Ft Myers, FL 33916	<b>6</b> %
The street address of its registered office and the street address of the business o as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors authorized by the board, or the corporation has been notified in writing of the ch	or by an officer so ange.
Signature of an officer or director  Signature of an officer or director  Signature of an officer or director	name and title
I hereby accept the appointment as registered agent and agree to act in this cape I further agree to comply with the provisions of all statutes relative to the proper of my duties, and I am familiar with and accept the obligation of my position as document is being filed merely to reflect a change in the registered office addres corporation has been notified in writing of this change.	acity. rand complete performance registered agent. Or, if this s, I hereby confirm that the
Signature of Registered Agent  Date	a
If signing on behalf of an entity:	•
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)