N1050000003143

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I ALBRITTON

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Black Bear Ridge Property Owners' Association, Inc.

Name of Corporation

DOCUMENT NUMBER: N05000003143

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:

Gina Stolowski

Name of Contact Person

Cardinal Management Group of Florida, Inc.

Firm/Company

4670 Cardinal Way, Suite 302

Address

Naples, FL 34112

City/State and Zip Code

g.stolowski@cmgflorida.com

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

For further information concerning this matter, please call:

Gina Stolowski

_a, 239

774-0723

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

statement of cha	nge is submitted for a corpo	1502, 617.0502, 607.1508, or 617.1508, Florida oration organized under the laws of the State of Grice or registered agent, or both, in the State of	Florida	_
1. The name of t	the corporation: Black Be	ear Ridge Property Owners' Associ	ation, Inc.	
2. The principal	office address: Cardinal	Management Group of Florida, Inc) .	
• -	dinal Way, Suite 302			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 3/2	5/2005 Document number: N050	00003143	
	I street address of the currer tment of State: (If resigned,	nt registered agent and registered office on file v , enter resigned)	with the	
	Sandcastle Commu	unity Management		
	5495 Bryson Drive,	Suite 412	_	
	Naples, FL 34109		SECTION	-11
6. The name and (if changed):	I street address of the new r	egistered agent (if changed) and /or registered o	- SS	
	Cardinal Managem	ent Group of Florida, Inc.	E. F. C. ST. S.	
	4670 Cardinal Way	y, Suite 302	12. St. 25.	
	Name of Odda	P.O. Box NOT acceptable	>	
	Naples, FL 34112		_	
The street address changed will	ess of its registered office a be identical.	and the street address of the business office of	its registered ag	ent,
		duly adopted by its board of directors or by are has been notified in writing of the change.		
		Stewart Carter, Senior V	ice Presiden	t
orgnatu	re of an officer or director	Printed or typed name and t	itle	_
ageni. Or. 11 in	is aocumeni is deing illea r	ered agent and agree to act in this capacity. The sold all statutes relative to the proper and co ar with and accept the obligation of my position to reflect a change in the registered offi- the notified in writing of this change.	mplete on as registered ice address, I	
火	hust	6/9/2016		
Sig	nature of Registered Agent	Date	· · · · · · · · · · · · · · · · · · ·	-
If signing on be	half of an entity:			
Gina Stolov				
	yped or Printed Name			

* * * FILING FEE: \$35.00 * * *