## N05000006723

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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TAIL AHASSEE, FLORIDI

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 13, 2007

Beth Callans Management 595 Bay Isles Road, Ste. 200 Longboat Key, FL 34228

SUBJECT: CIPRIANI AT VENETIAN GOLF & RIVER CLUB PROPERTY

OWNERS ASSOCIATION, INC. Ref. Number: N05000006723

We have received your document for CIPRIANI AT VENETIAN GOLF & RIVER CLUB PROPERTY OWNERS ASSOCIATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6901.

Susan Payne Senior Section Administrator Letter Number: 807A00049325 FLORIG

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJE	CT: Cipriani at Venetian Golf + River Club (Name of Corporation)
DOCU	MENT NUMBER: N 05 00000 6723
The end	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please r	return all correspondence concerning this matter to the following:
<b>y</b> *	(Name of Contact Person)  Beth Callans Management  (Firm/Company)  595 Bay Isles Road Ste 200  (Address)  Long boat Key R 34228  (City/Sate and Zin Code)
For furt	her information concerning this matter, please call:
	(Name of Contact Person) at (94() 387-3443 (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 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: Cipniani at Venetimin Con It and Reveri Club Property amon
2. The principal office address: To Beth Callans Management Association, FR.
395 Bay Foles Rd, Longboat Key R 34228
3. The mailing address (if different):
4. Date of incorporation/qualification: 4/29/65 Document number: N050000 672 3
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
was Communities Property Management,
Bonta Springs H 34134
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Beth Collans Maragement Corporation  595 Bay Isles Rd Ste 200  Pongboat Key R 34228  Fig. 17
Longboat Key GL 34228
The street address of its registered office and the street address of the business office of its esterm agent, as changed will be identical.
Such divinge 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 of diffector) (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.
S/2 4/87 (Signature of Registered Agent)  8/2 4/87 (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

. Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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