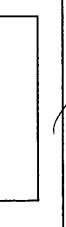
## N0500008032

| (Requestor's Name)                      |  |  |  |  |  |  |
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| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
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| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
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| (Business Entity Name)                  |  |  |  |  |  |  |
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| (Document Number)                       |  |  |  |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |  |  |
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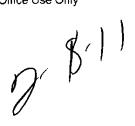


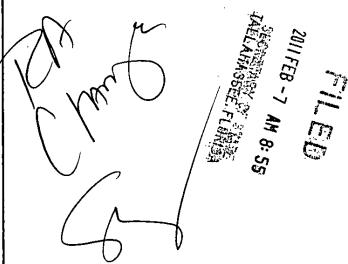
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Office Use Only





## **COVER LETTER**

Division of Corporations SUBJECT: POSITANO PLACE AT NAPLES II CONDOMINIUM A Name of Corporation N05000008032 DOCUMENT NUMBER:\_\_\_ 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: JACK HEDENSTROM Name of Contact Person POSITANO PLACE AT NAPLES Firm/Company 12910 POSITANO CIRCLE Address NAPLES, FL 34105 City/State and Zip Code jhedenstrom@kwpropertymanagement.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 239 262-8382
Area Code & Daytime Telephone Number JACK HEDENSTROM Name of Contact Person 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

TO:

Amendment Section

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

| statement of cha                                   | inge is submitted for a c   | orporation organize  | 607.1508, or 617.1508, Fl<br>d under the laws of the Stc<br>d agent, or both, in the Sta | ate of FLORIDA   |            |
|--|---|--|--|--|------------|
|  | •   |  | Naples II Condomi<br>, Naples, FL 34105  | nium Association,  | <u>Inc</u> |
| 3. The mailing a                                   | ddress (if different):  |  |  |  |            |
| 4. Date of incorp                                  | poration/qualification: _   | 08/05/2005   | Document number:   | N05000008032   |            |
|  | I street address of the cu<br>timent of State: (If resign   |  | nt and registered office on  | file with the  |            |
|  | Richard DeBoest   |  |  |  |            |
|  | 2030 McGregor B   | lvd.   |  |  |            |
|  | Fort Myers, FL 33   | 901  |  |  |            |
| 6. The name and (if changed):                      | street address of the ne  |  | if changed) and /or registe  | 2011 FEB -   | 3 1        |
|  | 8950 Fontana Del  |  |  | 7 AM   |            |
|  | Naples, FL 34109  | 1.0, 00%, 7,01 %   |  | 9. 8.<br>8. 5  | -          |
| The street addre                                   | ess of its registered offi  | ce and the street ad   | dress of the business offic  | ce of its registered agent,  |            |
| •  |   | tion duly adopted bation has been notif  | y its board of directors or<br>ied in writing of the chan                                | r by an officer so<br>ge.  |            |
| Tr   | n My  |  | Jerry Mraz,  | President  |            |
| of my duties, ardocument is bei<br>corporation has | d I am tomitiar with an ing filed merely to refle s been notified in writing natural registered Agent | gistered agent and a<br>visions of all statute<br>ad accept the obliga<br>ct a change in the r<br>ag of this change. | agree to act in this capac   | ity.<br>ind complete performance<br>gistered agent. Or, if this<br>I hereby confirm that the |            |
|  | half okan entity:   |  |  |  |            |

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