

N05000009985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

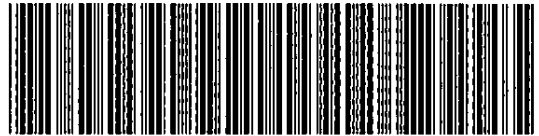
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/08/09--01017--008 **35.00

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2009 AUG -6 PM 12:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B.A.

TB

AUG - 6 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mariner's Cove at Riverbend Condo. Assoc. Inc.
Name of Corporation

DOCUMENT NUMBER: N05000009985

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:

Kristen Hubler
Name of Contact Person

SilverCrested Management, LLC
Firm/Company

PO Box 1848
Address

Fort Myers, FL 33902
City/State and Zip Code

kristen@silvercrested.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristen Hubler at (239) 997-7774
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED JUL 15 2009

July 10, 2009

KRISTEN HUBLER
SILVERCRESTED MANAGEMENT, LLC
PO BOX 1848
FORT MYERS, FL 33902

SUBJECT: MARINER'S COVE AT RIVERBEND CONDOMINIUM
ASSOCIATION, INC.
Ref. Number: N05000009985

We have received your document for MARINER'S COVE AT RIVERBEND CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

The registered agent must sign accepting the designation.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 009A00023721

RECEIVED
2009 AUG -6 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Mariner's Cove at Riverbend Condominium Association, Inc.
2. The principal office address: 3436 Marinatown Lane 1st Floor Unit 4
North Fort Myers, FL 33903
3. The mailing address (if different): PO Box 1848
Fort Myers, FL 33902
4. Date of incorporation/qualification: 9/27/2005 Document number: N05 000009985
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)

Gulf Shores C.A.M., Inc

76 Pondella Road Ste 201

North Fort Myers, FL 33903

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SilverCrested Management, LLC

3436 Marinatown Lane 1st Floor Unit 4

P.O. Box NOT acceptable

North Fort Myers FL 33903

FILED
2009 AUG -6 PM 12:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

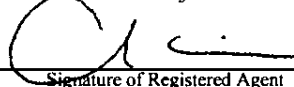
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

 President
Signature of an officer or director

JOSEPH O. HANAY President
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.


Signature of Registered Agent

7-15-09
Date

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)