

NO5000010860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400374008724

10/12/21--01019--013 **35.00

2021 NOV -2 PM 12:46
Clerk

R.A/KO/ch8

NOV 08 2021
ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RENAISSANCE (FT. MYERS) CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N05000010860

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:

LISA MARINELLO

Name of Contact Person

Firm/Company

3403 WINKLER AVENUE EXT

Address

FORT MYERS, FL 33916

City/State and Zip Code

RENAISSANCEASSOC@GMAIL.COM

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

For further information concerning this matter, please call:

LISA MARINELLO

Name of Contact Person

at (239) 462-3812

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 NOV -2 AM 10:20

October 23, 2021

LISA MARINELLO
3403 WINKLER AVENUE EXT
FORT MYERS, FL 33916

SUBJECT: RENAISSANCE (FT. MYERS) CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N05000010860

We have received your document for RENAISSANCE (FT. MYERS) 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):

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.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 821A00025849

**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: RENAISSANCE (FT. MYERS) CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 3403 WINKLER AVENUE, EXT, FORT MYERS FL 33916
3. The mailing address (if different): PO BOX 62352, FORT MYERS, FL 33906
4. Date of incorporation/qualification: 10/20/2005 Document number: N05000010860
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)

ASSOCIA GULF COAST

13461 Parker Commons Blvd Ste 301

Fort Myers, FL 33912

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

Lisa Marinello

3403 WINKLER AVENUE EXT, FORT MYERS, FL 33916

P.O. Box NOT acceptable

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.

Lisa Marinello
Signature of an officer or director

LISA MARINELLO 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.

Lisa Marinello
Signature of Registered Agent

10/6/21
Date

If signing on behalf of an entity:

LISA MARINELLO
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 (04/13)

2021 NOV -2 PM 12:46