N05702

(Requestor's Name)
(Address)
(Address)
(1441055)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Business Entity Name) · · ·
(Document Number)
(Doddinent Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY OF STATE

R.A.

OCT - 6 2009

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	Nautique Condom	inium Assoc.			
	Name of C	orporation			
DOCUMENT NUMBI	ER:	N05702	_		
The enclosed Statement	of Change of Registered Office	e/Agent and fee are submitted for	filing.		
Please return all correspondence concerning this matter to the following:					
	Susan Name of Co	M. Kase	_		
	Name of Col	itact reison			
American Condominium Management					
Firm/Company					
	CAE Con a Const	Diam. 14/ #400			
	615 Cape Coral	PKWY. VV. #103	_		
	Add	ress			
	Cape Coral, FL 33914 City/State and Zip Code				
City/State and Zip Code					
smkmgmt@embarqmail.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Sus	san M. Kase	at (239) 54	2-4404		
Name of	f Contact Person	at (239) 54 Area Code & Daytime Tele	phone Number		
Enclosed is a \$35.00 check made payable to the Department of State.					
	Mailing Address: Amendment Section	Street Address: Amendment Section			
			one		
	Division of Corporations P.O. Box 6327	Division of Corporati Clifton Building	OHS		
	Tallahassee, FL 32314	2661 Executive Center	er Circle		
		2001 2			

Tallahassee, FL 32301



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

		0502, 607.1508, or 617.1508, Florida S	
		ganized under the laws of the State of $\frac{1}{2}$ ristered agent, or both, in the State of F	
	_	1	Taa
	the corporation: Nautique Cond	7	MC.
	office address: c/o Rossman Pro		
1104 SE 4	46th Lane #2, Cape Coral, FL 3	33904	
3. The mailing a	address (if different): (Same)		
4. Date of incor	poration/qualification: 10/17/1981	Document number:	N05702
	d street address of the current registere artment of State: (If resigned, enter resigned)	d agent and registered office on file wigned)	th the
	Michelle Rossman		_
	c/o Rossman Property Manag	gement	-
,	1104 SE 46th Lane #2, Cape	Coral, FL 33904	ZOUS OCT
6. The name and (if changed):		gent (if changed) and /or registered off	ice SSE
	Susan M. Kase		PG PR
	c/o American Condominium M	/Janagement	1: 29
		NOT acceptable	- Div. 0
	615 Cape Coral Pkwy. W. #1	03, Cape Coral, FL 33914	_
The street addr as changed will	ress of its registered office and the str I be identical.	eet address of the business office of it	s registered agent,
Such change w authorized by t	as authorized by resolution duly adop the board, or the corporation has been	pted by its board of directors or by an inotified in writing of the change.	officer so
- Wich	ella Rosman	Michelle Rossman Printed or typed name and ti	, CAM
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered agent to comply with the provisions of all s nd I am familiar with and accept the ing filed merely to reflect a change in s been notified in writing of this char	and agree to act in this capacity, tatutes relative to the proper and con obligation of my position as registere the registered office address, I here ge.	nplete performance d agent. Or, if this by confirm that the
Duca	in Kaca	10/1/2009	
Sig	gnature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
	Susan M. Kase Typed or Printed Name		
1	••••	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)