## N06000004256

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| (Bu                     | siness Entity Nam  | ne)       |
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| (Do                     | cument Number)     |           |
| ·                       |                    |           |
| Certified Copies        | Certificates       | of Status |
| ·                       |                    |           |
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| Special Instructions to | Filing Officer:    |           |
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SECRETARY OF STATIONS
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## **COVER LETTER**

| то:    | Amendment Section<br>Division of Corpora | n<br>ations                                                             |                                           |                                    |
|--------|------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------|------------------------------------|
| SUBJ   | ECT: Covent Garde                        | n at Twin Eagles Sect<br>Name of                                        | ion I Condominium Corporation             | Association, Inc.                  |
| DOCI   | JMENT NUMBER:                            | NO                                                                      | 6000004256                                |                                    |
| The en | closed Statement of                      | Change of Registered Offi                                               | ce/Agent and fee are s                    | ubmitted for filing.               |
| Please | return all correspond                    | ence concerning this matt                                               | er to the following:                      |                                    |
|        | *******                                  | Donna I<br>Name of C                                                    | McDonald<br>ontact Person                 |                                    |
|        | <u> </u>                                 | Capital Realt                                                           | y Advisors, Inc.                          |                                    |
|        |                                          | Firm/C                                                                  | Company                                   |                                    |
|        |                                          |                                                                         | Drive, Suite 109                          |                                    |
|        |                                          |                                                                         | u. 030                                    |                                    |
|        |                                          | Palm Beach Ga<br>City/State                                             | ardens, FL 33403<br>and Zip Code          | <del></del>                        |
|        | E-mail                                   | Imoore@capitalre                                                        | ealtyadvisors.com<br>future annual report | notification)                      |
|        |                                          |                                                                         | •                                         |                                    |
| For fu | rther information con-                   | cerning this matter, please                                             | call:                                     |                                    |
|        |                                          | ne Luce                                                                 | at ( 561 )                                | 624-5888  Daytime Telephone Number |
|        | Name of Co                               | ntact Person                                                            | Area Code &                               | Daytime Telephone Number           |
| Enclos | sed is a \$35.00 check                   | made payable to the Depa                                                | rtment of State.                          |                                    |
|        | An<br>Di<br>P.C                          | nendment Section vision of Corporations D. Box 6327 Ilahassee, FL 32314 | Division Clifton B<br>2661 Exe            | ent Section<br>of Corporations     |

TO:

## $\bullet$ . STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of chan                                           | rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.                                                                                                                                                     |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. The name of th                                           | e corporation: Covent Garden at Twings Section I Condominium Association, Inc.                                                                                                                                                                                                                                                                                                                                        |
| 2. The principal o                                          | ffice address: c/o Capital Realty Advisors, Inc., 600 Sandtree Drive, Suite 109                                                                                                                                                                                                                                                                                                                                       |
| <u></u>                                                     | Palm Beach Gardens, FL 33403                                                                                                                                                                                                                                                                                                                                                                                          |
| 3. The mailing ad                                           | dress (if different):                                                                                                                                                                                                                                                                                                                                                                                                 |
| 4. Date of incorpo                                          | pration/qualification: 4/18/2006 Document number: N06000004256                                                                                                                                                                                                                                                                                                                                                        |
|                                                             | street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)                                                                                                                                                                                                                                                                                    |
| <u>.</u>                                                    | c/o Integrated Property Management                                                                                                                                                                                                                                                                                                                                                                                    |
| <u>:</u>                                                    | 3435 10th Street #201                                                                                                                                                                                                                                                                                                                                                                                                 |
| _                                                           | Naples, FL 34103 5                                                                                                                                                                                                                                                                                                                                                                                                    |
| 6. The name and so (if changed):                            | C/o Integrated Property Management  3435 10th Street #201  Naples, FL 34103  Street address of the new registered agent (if changed) and /or registered office  Donna McDonald, c/o Capital Realty Advisors, Inc.                                                                                                                                                                                                     |
| _                                                           | Donna McDonald, c/o Capital Realty Advisors, Inc.                                                                                                                                                                                                                                                                                                                                                                     |
|                                                             | 600 Sandtree Drive, Suite 109                                                                                                                                                                                                                                                                                                                                                                                         |
|                                                             | P.O. Box NOT acceptable                                                                                                                                                                                                                                                                                                                                                                                               |
| _                                                           | Palm Beach Gardens, FL 33403                                                                                                                                                                                                                                                                                                                                                                                          |
| The street addres as changed will be                        | s of its registered office and the street address of the business office of its registered agent, be identical.                                                                                                                                                                                                                                                                                                       |
| Such change was<br>authorized by the                        | authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.                                                                                                                                                                                                                                                             |
| Signature                                                   | of an officer or director  Scor-Brooks Printed or typed name and title                                                                                                                                                                                                                                                                                                                                                |
| I further agree to<br>of my duties, and<br>document is bein | he appointment as registered agent and agree to act in this capacity.<br>I comply with the provisions of all statutes relative to the proper and complete performance<br>I I am familiar with and accept the obligation of my position as registered agent. Or, if this<br>g filed merely to reflect a change in the registered office address, I hereby confirm that the<br>been notified in writing of this change. |
| Donna                                                       | M'Aonall 10/21/09 ature of Registered Agent Date                                                                                                                                                                                                                                                                                                                                                                      |
| If signing on beh                                           | alf of an entity:                                                                                                                                                                                                                                                                                                                                                                                                     |
| DONNA                                                       | MSDONALO                                                                                                                                                                                                                                                                                                                                                                                                              |

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