## N060080004442

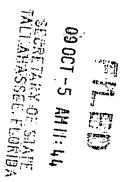
•
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
<u> </u>

Office Use Only



600161215136

10/05/09--01021--002 \*\*35.00



R.A. Charge

**C.COULLIETTE** 

OC1 0 6 2009

**EXAMINER** 

## **COVER LETTER**

SUBJECT:	Santa Coloma Gard	ens Condoi ne of Corporatio		OC.
DOCUMENT NU	MBER:	N0600000	4442	
The enclosed States	ment of Change of Registere	d Office/Agent a	and fee are submi	tted for filing.
Please return all co	rrespondence concerning thi	s matter to the fo	ollowing:	
	S Nam	usan M. Kase e of Contact Per	son	
		ndominium M Firm/Company	lanagement	
	615 Cape	Coral Pkwy.	W. #103	
	Cape City/	Coral, FL 33 State and Zip Co	914 ode	
_	smkmgm E-mail address: (to be use	t@embarqma ed for future an	nil.com nual report noti	fication)
	tion concerning this matter,	-	239 )	542-4404
	ne of Contact Person	at (	rea Code & Dayti	542-4404 ime Telephone Number
Enclosed is a \$35.0	0 check made payable to the	Department of	State.	
	Mailing Address: Amendment Section Division of Corporat P.O. Box 6327 Tallahassee, FL 3231		Street Address: Amendment So Division of Co Clifton Buildi 2661 Executiv Tallahassee, F	ection orporations ng ve Center Circle

TO:

Amendment Section Division of Corporations

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida rto change its registered office or registered agent, or both, in the State of Florida.				
	he corporation: Santa Coloma Gardens Condominium Association, Inc				
2. The principal	office address: c/o Rossman Property Management				
1104 SE 4	6th Lane #2, Cape Coral, FL 33904				
3. The mailing ac	ddress (if different): (same)				
4. Date of incorp	poration/qualification: Document number:N0600004442				
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)				
	Michelle Rossman				
	c/o Rossman Property Management				
	1104 SE 46th Lane #2, Cape Coral, FL 33904				
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office				
	Susan M. Kase				
	c/o American Condominium Management P.O. Box NOT acceptable				
	615 Cape Coral Pkwy. W. #103, Cape Coral, FL 33914				
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.				
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.				
Mich	Michelle Rossman, CAM Printed or typed name and title				
I further agree to of my duties, and document is bei	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the seen notified in writing of this change.				
Que	10/1/2009				
Sigi	nature of Registered Agent Date				
If signing on be	half of an entity:				
	Susan M. Kase yped 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