

NDb 000008902

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

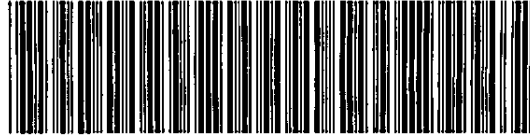
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 JUL 20 PM 5:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

JUL 29 2016

C. CARROTHERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 13, 2016

GINA STOLOWSKI
4670 CARDINAL WAY STE 302
NAPLES, FL 34112

SUBJECT: WICKLOW AT TWINEAGLES HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N06000008902

We have received your document for WICKLOW AT TWINEAGLES HOMEOWNERS 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):

RA CANNOT SIGN FOR OFFICER OR DIRECTOR

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.

Cathy A Carrothers
Regulatory Specialist

Letter Number: 016A00014597

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wicklow at Twineagles Homeowners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N06000008902

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:

Gina Stolowski
Name of Contact Person

Cardinal Management Group of Florida, Inc.
Firm/Company

4670 Cardinal Way, Suite 302
Address

Naples, FL 34112
City/State and Zip Code

g.stolowski@cmgflorida.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gina Stolowski at (239) 774-0723 303
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

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: Wicklow at Twineagles Homeowners Association, Inc.

2. The principal office address: c/o Cardinal Management Group of Florida, Inc.
4670 Cardinal Way, Suite 302, Naples, FL 34112

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/22/2006 Document number: N06000008902

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)

Bloom, Ken
4670 Cardinal Way 302
Naples, FL 34112

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

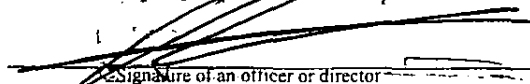
Cardinal Management Group of Florida, Inc.
4670 Cardinal Way, Suite 302
P.O. Box NOT acceptable
Naples, FL 34112

2016 JUL 20 PM 5:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

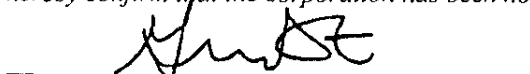
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

Stewart Carter
Senior VP
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

6/28/2016
Date

If signing on behalf of an entity:
Gina Stolowski
Typed or Printed Name

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