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| (Requestor's Name) | | | |
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| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
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| (Business Entity Name) | | | |
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| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
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SEURE JARY OF STATE DIVISION OF CIRPORATIONS

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COVER LETTER

| TO: Amendment Section Division of Corporations | | | | |
|--|---|--|--|--|
| SUBJECT: Mayflower Way Section I Condominium Association, Inc. Name of Corporation | | | | |
| DOCL | JMENT NUMBER: N0600001 | 2812 | | |
| 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: | | | | |
| | | | | |
| Donna McDonald Name of Contact Person | | | | |
| | | | | |
| Capital Realty Advisors, Inc. | | | | |
| Firm/Company | | | | |
| 600 Sandtree Drive, Suite 109 | | | | |
| Address | | | | |
| Palm Beach Gardens, FL 33403 City/State and Zip Code | | | | |
| | | | | |
| Imoore@capitalrealtyadvisors.com E-mail address: (to be used for future annual report notification) | | | | |
| | | | | |
| For further information concerning this matter, please call: | | | | |
| | Christine Luce at (| 561) 624-5888 | | |
| | Name of Contact Person A | rea 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 Statement of change is submitted for a corporation organized under the laws of the State of Floring in order to change its registered office or registered agent, or both, in the State of Floring | orida | | |
|--|---|--|--|
| 1. The name of the corporation: Mayflower Way Section I Condominium Ass | sociation, Inc. | | |
| 2. The principal office address: c/o Capital Realty Advisors, Inc., 600 Sandtree Driv | ve, Suite 109 | | |
| Palm Beach Gardens, FL 33403 | | | |
| 3. The mailing address (if different): | | | |
| 4. Date of incorporation/qualification: 12/15/2006 Document number: N06 | 6000012812 | | |
| 5. The name and street address of the current registered agent and registered office on file with t Florida Department of State: (If resigned, enter resigned) | he | | |
| Stackhouse, Edwin D, c/o Integrated Property Management | | | |
| 3435 10th Street N #201 | i Alte | | |
| Naples, FL 34103 | NON 60 | | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | | |
| Donna McDonald, c/o Capital Realty Advisors, Inc. | | | |
| 600 Sandtree Drive, Suite 109 | 08 08 | | |
| P.O. Box NOT acceptable Palm Beach Gardens, FL 33403 | (A) | | |
| The street address of its registered office and the street address of the business office of its reas changed will be identical. | egistered agent, | | |
| Such change was authorized by resolution duly adopted by its board of directors or by an of authorized by the board, or the corporation has been notified in writing of the change. | ficer so | | |
| Signature of an officer or director Signature of an officer or director Signature of an officer or director Printed or typed name and title | resident | | |
| 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 compl of my duties, and I am familiar with and accept the obligation of my position as registered a document is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change. | ete performance igent. Or, if this confirm that the | | |
| Signature of Registered Agent 10/21/09 Date | | | |
| If signing on behalf of an entity: | | | |
| DONNA MCDONAUD Typed or Printed Name | | | |

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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