07000000040 He 1 of 2 Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000183821 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000013

Phone : (850) 222-1092

Fax Number

: (850)878-5358

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:	 	 	 		

REGISTERED AGENT CHANGE THE ISLES AT CAY COMMONS CONDOMINIUM ASSOCIATION, IN

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

JUL 19 2011

EXAMINER

COVER LETTER

TO:	Amen Divisi	dment Section on of Corporations			
SUBJE	CT:	THE ISLES AT CAY	COMMONS COND	OMINIUM ASSOCIAT	ion, inc.
	· - · •		Name of Co	rporation	
DOCU:	MENT	NUMBER:	N07	000000404	
The end	closed S	Statement of Change of	of Registered Office	Agent and fee are su	bmitted for filing.
Please r	rcituro a	ll correspondence con	cerning this matter	to the following:	
			Maria C)zacia	
			Name of Con	itact Person	
			CT Corp	oration	
			Firm/Co	mpany	
			350 N. St. Pau	l, Suite 290(
			Addı	688	
			Dallas, T	K 75201	
			City/State an	d Zip Code	
			maria.ozaeta@wol		
		E-mail address	(to be used for fi	iture annus report n	otification)
For furt	ther inf	ormation concerning t	his matter, please c	all:	
		Muris Ožacta		at (214)	932-3658 aytime Telephone Number
		Name of Contact Per	son	Area (, ode & D	aytime Telephone Number
Enclose	t a aj bx	335.00 check made pa	yable to the Depart	ment of State.	
		Mailing Ad Amendmer	dress: of Section	Street Addr Ar endmer	
			f Corporations	,	f Corporations
		P.O. Box 6		Clinton But	
		Tallahasso	e, FL 32314	2661 Execu	utive Center Circle
				Tailahasse	e, FL 32301

CR2E045 (8/05)

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

statement of ch	range is submitted for a co	rporation organiz	.607.1558, or 617.1508, Flowed under the laws of the State	e of Florida	_
		- 5	eá ageni, or both, in the State		
1. The name of	f the corporation: THE ISL	ES AT CAY COM	SA MUINIMODICO BROM	SOCIATION, INC.	
2. The principa	il office address: 4902 EIS.	ENHOWER BLVI), Suite 216, Tampa FL 330	634	
	address (if different): P.O. TX 75380	BOX 803555			
4. Date of inco	rporation/qualification:	1/12/2007	Document number:	N07000000404	
5. The name ar Florida Depa	nd street address of the curr artment of State: (If resigna	rent registered age ed, enter resigned)	ont and registered office on fi	le with the	
	REALMANAGE, LLC				
	4902 EISENHOWER BL	VD, SUITE 216			
	TAMPA FL 33634 US				
6. The name an (if changed):		v registered agent	(if change:!) and /or registere	d office	
	C T Corporation System				
	c/o C T Corporation Syste	em, 1200 South Pir	e Island Road	<u> </u>	7 SE -
		P.O. Box NOT	coeptable	· ·	JUL 19
	Plantation, Florida 33324	·		<u> </u>	チー
The street address changed wil	ress of its registered office Il be identical.	e and the street as	dress of the business office	of its registered age	10年 至
Such change wanthorized by	as authorized by resolution the board, or the corporate	on duly adopted i ion has been noti	y its board of directors or b fied in writing of the change	y an officer so	
manie	greta		Maria Ozacta, Vic	ce President	9: 06 STATE STATE
Signat	uic of all loss of director		Printed or typed name		\triangleright
I hereby accept further agree of my duties, a document is be corporation ha	t the appointment as regi- to comply with the provis nd I am familiar with and sing filed merely to reflect us been notified in writing	stered agent and sions of all statut l accept the oblig t a change in the of this change.	agree to act in this capacity es relative to the proper and ation of my position as regis registered office address, I i	i. d complete performa stered agent. Or, if i hereby confirm that i	nce this the
ву:	Corporation System		7/15/201	11	
Si	gnature of Registerys Agent		Dajo	······································	
fsigning on b	ehalf of an entity:				
Mar	ia Ozacta, Vice President				
	Typed 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
CR2E045 (8/05)