

N07000003450

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(Address)

(Address)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 OCT 28 AM 10:00

*R.A. Chong*  
C.COULLIETTE

OCT 29 2010

EXAMINER

**COVER LETTER**

**TO:** · Amendment Section  
Division of Corporations

**SUBJECT:** Park Center Condominium Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N07000003450

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:

Michael Frey, MD  
Name of Contact Person

Firm/Company

8255 College Pkwy, Suite 200  
Address

Fort Myers, FL 33919  
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Helen Barnes at ( 239 ) 481-7400  
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: Park Center Condominium Association, Inc.

2. The principal office address: 8191 College Parkway, Suite 302, Fort Myers FL 33919

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 4/3/2007 Document number: N07000003450

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)

Linda de Vasquez

8255 College Pkwy, Suite 200

Fort Myers, FL 33919

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

Michael Frey, MD

8255 College Pkwy, Suite 200

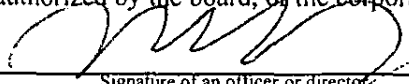
P.O. Box NOT acceptable

Fort Myers, FL 33919

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DIVISION OF CORPORATIONS  
10 OCT 28 AM 10:00

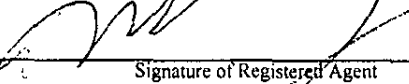
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Michael Frey, MD director  
\_\_\_\_\_  
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

10/26/2010  
\_\_\_\_\_  
Date

If signing on behalf of an entity:  
\_\_\_\_\_  
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