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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Sunset Cay Lakes Condominium 1900 Association Name of Corporation
DOCUMENT NUMBER: N08000006596
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:
Greg Marler, Esquire Name of Contact Person
Becker & Poliakoff, P. A. Firm/Company
999 Vanderbilt Beach Road, Ste. 501
Naples, FL 34108 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Greg Marier, Esq. at (239) 552-3200 Name of Contact Person Area Code & Daytime Telephone Number
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 Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

CR2B045 (8/05)

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

statement of ch	ange is submitted for a co	orporation organize	507.1508, or 617.1508, Flor d under the laws of the State d agent, or both, in the State	of Florida	<u>a</u>	
	the corporation: Sunse 1 office address: 350 N		Condominium 1900 aples, FL 34114) Associ	ation, Inc	
3. The mailing	address (if different): 83	4 Bald Eagle Dr	ive, Marco Island, FL	34145		·
4. Date of incom	poration/qualification:	03/24/2004	Document number:	N0800	0006596	
	d street address of the cur artment of State: (If resign		at and registered office on fil	le with the		
	Robert Rosenow,	c/o Resort Mana	agement	. ' .		
	834 Bald Eagle Dr	ive				
	Marco Island, FL	34145			三型	
6. The name an (if changed):		w registered agent (if changed) and /or registere	d office	JUL 21	
	Becker & Poliakofi	, P. A.	· · · · · · · · · · · · · · · · · · ·			; C
	999 Vanderbilt Be					•
	Naples, FL 34108	P.O. Box NOT as	copranie		場言へ	
The street addr	ress of its registered office	ce and the street ad	dress of the business office	of its regis	stered agent,	
_			y ita board of directors or b			
Han	ure of an ottpeer or director	Mgs.	JOHN CARE PUT	o per ty	Mgr.	
I hereby accept further agree of my duties, and document is be corporation ha	t the appointment as reg to comply with the prov nd I am familiar with an ting filed merely to refle s been notified in writin	istered agent and a isions of all statute id accept the obliga at a change in the r g of this change	ngree to act in this capacity is relative to the proper an ation of my position as regi egistered office address, I	y d complete stered agen hereby con	performance il. Or, if this firm that the	
. /	gnature of Registered Agent		Date	······································		
If signing on b	ehalf of an entity:					
	Greg Marier 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, TALLAHASSEB, FL 32314
CR2E045 (8/05)