

No 8000009509

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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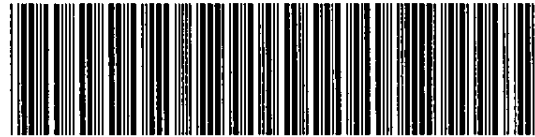
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 10, 2012

THOMAS A. MACLVOR
SUMMIT MANAGEMENT GROUP
3530 KRAFT RD., SUITE 204
NAPLES, FL 34105

SUBJECT: THE SHOPPES AT NAPLES BAY RESORT CONDOMINIUM
ASSOCIATION, INC.
Ref. Number: N08000009509

We have received your document for THE SHOPPES AT NAPLES BAY RESORT CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Karen Gibson
Document Specialist Supervisor

Letter Number: 712A00020723

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12 SEP -4 PM 12:37
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 3, 2012

THOMAS A. MACLVOR
SUMMIT MANAGEMENT GROUP
3530 KRAFT RD., SUITE 204
NAPLES, FL 34105

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Karen Gibson
Document Specialist Supervisor

Letter Number: 412A00020301

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Shoppes at Naples Bay Resort Condo Assoc, Inc
Name of Corporation

DOCUMENT NUMBER: N08000009509

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:

Thomas A. MacIvor

Name of Contact Person

Summit Management Group of Florida, LLC

Firm/Company

3530 Kraft Road, Suite 204

Address

Naples, FL 34105

City/State and Zip Code

lprice@summit-management.com

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

For further information concerning this matter, please call:

Thomas A. MacIvor

Name of Contact Person

at (239) 434-6222

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: The Shoppes at Naples Bay Resort ~~CONDOMINIUM~~ ASSOCIATION, INC.

2. The principal office address: 3530 Kraft Road, Suite 204
Naples, FL 34105

3. The mailing address (if different): Same

4. Date of incorporation/qualification: 10/13/2008 Document number: N08000009509

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)

R&A Agents, %Stephen E Thompson, Assist Sec.

850 Park Shore Dr, Trianon Ctr, 3rd Flr

Naples, FL 34103 US

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

Summit Management Group of FL, LLC

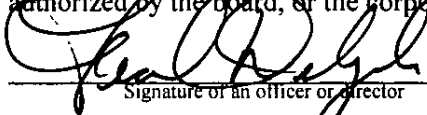
3530 Kraft Road, Suite 204

P.O. Box NOT acceptable

Naples, FL 34105

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

Frank Delgado

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

8/24/12

Date

If signing on behalf of an entity:

Thomas A. MacIvor

Typed or Printed Name

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