N10086

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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C.COULLIETTE

MAY 25 2011

EXAMINER

COVER LETTER

то:	Amendment Division of C	Section Corporations					
SUBJ	ECT:	Bonita Heights Parl	k Cooperative, Inc.				
DOCU	JMENT NUM		N10086				
The en	closed Stateme	ent of Change of Registered Of	fice/Agent and fee are submi	tted for filing.			
Please return all correspondence concerning this matter to the following:							
		Paula R.	Smith, CAM				
		Name of C	Contact Person				
J Brooks & Associates, Inc.							
Firm/Company							
	2804 Del Prado Blvd S., Unit 109						
	Address						
	Cape Coral, FL 33904 City/State and Zip Code						
	City/State and Zip Code						
)jbrooksai.com				
	E-mail address: (to be used for future annual report notification)						
For fur	ther information	on concerning this matter, pleas	e call:	·			
	Paula	a R. Smith, CAM	at (239)	540-0163			
		of Contact Person	at (<u>239</u> Area Code & Dayti	me Telephone Number			
Enclos	ed is a \$35.00 o	check made payable to the Dep	artment of State.				
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Se Division of Co Clifton Buildir	ection orporations			
		rananassee, FL 32314	Tallahassee, Fl				

المربار ر

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of $\frac{F}{F}$ are to change its registered office or registered agent, or both, in the State of Flor	lorida
1. The name of	the corporation: Bonita Heights Park Cooperative, Inc.	
2. The principal	office address: c/o J Brooks & Associates, Inc.	
2804 Del	Prado Blvd S., Unit 109, Cape Coral, FL 33904	
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 07/08/1985 Document number:	N10086
	I street address of the current registered agent and registered office on file with timent of State: (If resigned, enter resigned)	the .
	Ralph Weidner	
	c/o Gulf Breeze Mgmnt. Svcs., LLC	
	8910 Terrence Ct., Suite 200, Bonita Springs, FL 34135	₩
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	T MAY 20 PM 1
	Jerry D. Brooks, CAM	0 TAR
	c/o J Brooks & Associates, Inc.	3 (2)
	P.O. Box NOT acceptable	
	2804 Del Prado Blvd S., Unit 109, Cape Coral, FL 33904	and the second
The street address changed will	ess of its registered office and the street address of the business office of its be identical.	registered agent,
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an one board, or the corporation has been notified in writing of the change.	officer so
1 Cences Signatu	re of an other or director Tames Gaetand Printed or typed name and title	
I hereby accept I further agree of my duties, ar document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and comp d I am familiar with and accept the obligation of my position as registered ng filed merely to reflect a change in the registered office address, I hereby been notified in writing of this change.	plete performance agent. Or, if this confirm that the
- Wy	May 10, 2011	
	half of an entity:	
	ry D. Brooks, CAM yped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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