"N11039

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COVER LETTER

Division of Corporations SUBJECT: THE CITADEL CONDOMINIUM ASSOCIATION, INC. (Name of Corporation) **DOCUMENT NUMBER: N11039** 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: **ANDREA FOX** (Name of Contact Person) FOX FIGURES, INC. (Firm/Company) PO BOX 112164 (Address) NAPLES, FL 34108 (City/State and Zip Code) For further information concerning this matter, please call: ANDREA FOX (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Department of State. **Mailing Address: Street Address:** Amendment Section Amendment Section

P.O. Box 6327

Division of Corporations Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

TO:

Amendment Section

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes ange is submitted for a corporation organized under the laws of the State of <u>Fig</u> e	2:04
in ord	er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: THE CITADEL CONDOMINIUM ASSOCIATION, INC.	
2. The principa	l office address: CITADEL LANE, BONITA SPRINGS FL	<u></u>
3. The mailing	address (if different): 9845 CITADEL LANE BOX #100, BONITA SPRINGS FL 3	4135
4. Date of incom	rporation/qualification: 9/11/1985 Document number: N11039	
	ad street address of the current registered agent and registered office on file with the artment of State:	-1 O
	ANDREA FOX	8 8
	8231 GRAND PALM DRIVE #4	08 APR 11
	FORT MYERS FL 33967	西岛
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /or registered office	MEE. FLORIGA
	NICHOLAS DEFILIPPO/MARTOCCIO & DEFILIPPO LLP	•
	3380 WOODS EDGE CIRCLE SUITE 104	
	(P.O. Box NOT acceptable)	
	BONITA SPRINGS FL 34134	
The street address changed will	ress of its registered office and the street address of the business office of its registle be identical.	stered agent,
Such change wanthorized by	vas authorized by resolution duly adopted by its board of directors or by an office the board, or the corporation has been notified in writing of the change.	er so
J. J. oli	JOHN BAUM, TREASURER/DIRECT (Printed or typed name and title)	CTOR
I hereby accept a further agree of my duties, a document is be corporation here	of 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 complete and I am familiar with and accept the obligation of my position as registered agen eing filed merely to reflect a change in the registered office address, I hereby con as been notified in writing of this change.	performance nt. Or, if this firm that the
	9/7/08	
	Signature of Registered Agent) (Date)	· · · · · · · · · · · · · · · · · · ·
	pehalf of an entity:	
Nichola	s DeFilippo, Esquire	
	(Typed or Printed Name)	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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