

# N11039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Change

09/03/10--01016--005 \*\*35.00

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2010 SEP -3 AM 9:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ADR  
9/7/10

## COVER LETTER

**TO:** Amendment Section  
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:

Byron Ross  
Name of Contact Person

Guardian Property Management  
Firm/Company

6704 Lone Oak Blvd  
Address

Naples, FL 34109  
City/State and Zip Code

Angela@Guardianpropertymanagement.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Mackey at ( 239 ) 514-7432  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

<b><u>Mailing Address:</u></b>	<b><u>Street Address:</u></b>
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	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 FL in order 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 principal office address: 6704 Lone Oak Blvd, Naples, FL 34109
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 9/11/1985 Document number: N11039
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)

Martoccio & Defilippo, LLP

3380 Woods Edge Circle, Ste. 104

Bonita Springs, FL 34134

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

Guardian Property Management

6704 Lone Oak Blvd

P.O. Box NOT acceptable

Naples, FL 34109

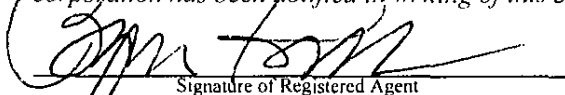
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

\_\_\_\_\_  
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

8/26/10  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Byron Ross  
\_\_\_\_\_  
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

CR2E045 (8/05)

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**TALLAHASSEE, FLORIDA**