

N130000004739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800286992238

SECRET
STATE
NO

16 AUG 19 PM 1:55

FILED

AUG 19 2016

S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 7, 2016

COACH HOMES AT CONCORD POINT CONDOMINIUM ASSOCIATION, I
C/O SILVERCRESTED MANAGEMENT
P.O. BOX 1848
FT. MYERS, FL 33902

SUBJECT: COACH HOMES AT CONCORD POINT CONDOMINIUM
ASSOCIATION, INC.
Ref. Number: N13000004739

It has come to our attention through an audit of our records that your entity has improperly designated the address of your registered agent's office.

Florida law requires that an entity designate a street address for the office of the registered agent. The address may be changed by filing the enclosed registered office change form free of charge. Please consider this letter as your 60 days notice that if you do not correct this error by September 5, 2016, your entity will be administratively dissolved. Please send this form back to my personal and confidential attention to ensure the proper filing of this document.

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) 245-6900.

Stacy Prather
Regulatory Specialist III

Letter Number: 216A00014206

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Coach Homes at Concord Point Condominium
Name of Corporation

DOCUMENT NUMBER: N13000004739

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:

Mike Yacorelli
Name of Contact Person

Silver Crested Management
Firm/Company

125 SW 3rd Pl. Suite 207
Address

Cape Coral FL 33991
City/State and Zip Code

myacorelli@silvercrested.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mike Yacorelli at (239) 980-6967
Name of Contact Person Area Code & Daytime Telephone Number

~~Each filing is \$26.00. This amount is 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: Coach Homes @ Concord Point Condominium
2. The principal office address: 125 SW 3rd Place Suite 207
Cape Coral, FL 33991
3. The mailing address (if different): PO Box 1848
Fort Myers, FL 33902
4. Date of incorporation/qualification: 5/21/2013 Document number: N130000004739
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)

Silver Crested Management
PO Box 1848
Fort Myers, FL 33902

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

Silver Crested Management
125 SW. 3rd Place Suite 207
P.O. Box NOT acceptable
Cape Coral, FL 33991

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.

Carol M Phillips CAM
Signature of Registered Agent

8/12/16
Date

If signing on behalf of an entity:

Carol M. Phillips CAM
Typed or Printed Name

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