## N14000011393

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SECRETARY OF SIMIL SECRETARY OF SIMIL ONS DIVISION OF CORFORATIONS

CL314

## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: MARSH COVE MASTER VILLAGE ASSOCIATION, INC.			
SUBJECT: Name of Corporation			
DOCUMENT NUMBER: N14000011393			
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:			
Joseph L. Parisi, Esq.			
Name of Contact Person			
8156 Fiddler's Creek Parkway			
Firm/Company			
Naples, FL 34114			
Address			
City/State and Zip Code			
parisij@gulfbay.com			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Valerie L. Lord, Esq.  Name of Contact Person  at (239 732-9400 Area Code & Daytime Telephone Number)			
Name of Contact Person Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the Department of State.			
Mailing Address:  Amendment Section  Street Address:  Amendment Section			

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

CR2E045 (03/12)

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

statement of cha	provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: Marsh Cove Master Village Association, Inc.	
	office address: 8156 Fiddler's Creek Parkway, Naples, FL 34114	_
3. The mailing a	address (if different): Same as above	_
4. Date of incorp	poration/qualification:Document number: <u>N/40000</u> 1/2	 
5. The name and Florida Depar	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	Joseph Livio Parisi, Esq.	
	8156 Fiddler's Creek Parkway	
	Naples, FL 34114	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office  Cardinal Management Group of Florida, Inc.	
	Cardinal Management Group of Florida, Inc.	r, =
	4670 Cardinal Way, Suite 301	Ţ.
	P.O Box NOT acceptable  Naples, FL 34112  P.O Box NOT acceptable  \$\frac{7}{2} \frac{7}{2} \frac{7}{2	,
The street addre	ess of its registered office and the street address of the business office of its registered agent, l be identical.	
Such change wa authorized by	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
Signatu	Joseph L. Parisi, President Printed or typed name and title	
I hereby accept I further agree to performance 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 f my duties, and I am familiar with and accept the obligation of my position as registered  iis document is being filed merely to reflect a change in the registered office address, I  that the corporation has been notified in writing of this change.	
Sign	Desember 16, 10/4  phature of Registrated Agent  Date	
	ehalf of an entity:	
60	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 \* \* \*