

N16492

Jane Longo

(Requestor's Name)

1608 SE 28th terrace

(Address)

B 29

Cape Coral, FL 33904

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

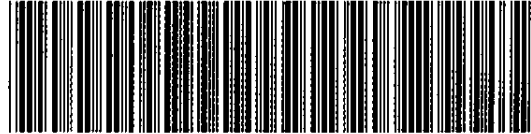
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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NR  
7/19/11



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 9, 2011

Jane Longo  
1608 SE 28th Terrace  
B29  
Cape Coral, FL 33904

SUBJECT: DEL PRADO PARK TOWNHOUSES CONDOMINIUM  
ASSOCIATION, INC.  
Ref. Number: N16492

We have received your document for DEL PRADO PARK TOWNHOUSES CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form that you submitted is incorrect. It is for an alien corporation and your corporation is a Florida domestic corporation. I have enclosed the correct form for you to fill out and return to us.

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) 245-6907.

Annette Ramsey  
Regulatory Specialist II

Letter Number: 711A00014160

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TALLAHASSEE, FLORIDA

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: PARK  
DEL PRADO Townhouses Condominium Association, Inc  
Name of Corporation

DOCUMENT NUMBER: N14492

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:

JANE LONGO  
Name of Contact Person

PARK  
DEL PRADO Townhouses Condominium Association, Inc  
Firm/Company

P.O. Box  
Address

CAPE CORAL FL 339  
City/State and Zip Code

jlongo2@aol.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

JANE LONGO at (239) 541-7796  
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  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DeL PRADO Townhouses Condominium Association, Inc.
2. The principal office address: PO Box 1608 SE 28<sup>th</sup> Ter B29  
CAPE CORAL, FL 33904
3. The mailing address (if different): PO Box 100417  
CAPE CORAL, FL 33910
4. Date of incorporation/qualification: 8/2/86 Document number: N16492
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)

Richard V. Roosa (resigned)  
1714 CAPE CORAL Pkwy.  
CAPE CORAL, FL.

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

JANE LONGO  
1608 SE 28<sup>th</sup> Ter B2  
CAPE CORAL, FL 33904

P.O. Box NOT acceptable

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 JUL 19 PM 3:17

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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]

Signature of an officer or director

JANE LONGO Secretary

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]

Signature of Registered Agent

7/13/11

Date

If signing on behalf of an entity:

JANE LONGO

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