## N17503

(Requestor's Name)					
(Ac	ldress)				
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(City/State/Zip/Phone #)					
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(Bu	ısiness Entity Nan	ne)			
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SECRETARY OF STATE

R.A. Brown 9-27-11

## **COVER LETTER**

Amendment Section

TO:

Division of Corporations					
SUBJECT: Cypress Keep Cor	ndominium Association, Inc				
DOCUMENT NUMBER:	N17503	<del></del>			
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:					
	William P. Cox				
Na	me of Contact Person	<del></del>			
Suitor, Mic	ddleton, Cox & Associates Firm/Company				
•	Firm/Company				
15751 Sa	an Carlos Blvd. Suite #8				
<del></del>	Address	. <del></del>			
Fort Myers, FL 33908 City/State and Zip Code					
LynnoOliverdae@eemeast.net					
LynneOliverdgs@comcast.net  E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
William P. Cox	at ( 239 ) 4:	37-0340			
Name of Contact Person	at ( 239 ) 4: Area Code & Daytime Te	lephone 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

 $\dots r_{_{K}}$ 

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

statement of ch	ange is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florid n organized under the laws of the State of r registered agent, or both, in the State of	<u>Florida</u>
1. The name of	the corporation: Cypress Kee	ep Condominium Associatio	n,Inc.
	office address: 15751 San Ca s, FL 33908	rlos Blvd. Suite #8	
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: _10-24	-86 Document number:	N17503
	d street address of the current regis rtment of State: (If resigned, enter	stered agent and registered office on file versigned)	with the
	Resigned		
	Apex Management Svcs o	of Lee County, Inc.	22
	13611 McGregor Blvd. #6,	, Fort Myers, FL 33919	2811 SEP TALL AH
6. The name and street address of the new registered agent (if changed) a (if changed):		ed agent (if changed) and /or registered o	ARY OF SSEE.
	Suitor, Middleton, Cox & A	Associates	SIATE FLORID
	15751 San Carlos Blvd. S		
	Fort Myers, FL 33908	Box NOT acceptable	
The street addr as changed will		street address of the business office of	its registered agent,
Such change wauthorized by t	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by a seen notified in writing of the change.	an officer so
Signatu	le Sout	Paula Smithson, F	Citio
I hereby accept I further agree of my duties, et document is be corporglish ha	the appointment as registered as to comply with the provisions of a d fam familiar with and accept t ng filed merely to reflect a chang focenmentings in writing of this c	gent and agree to act in this capacity, all statutes relative to the proper and co the obligation of my position as register se in the registered office address, I her hange.	omplete performance red agent. Or, if this eby confirm that the
		9/19	/11
	nature of Registered Agent	Date	
It signing on be	half of an entity:		
Ť	William P. Cox  yped or Printed Name	-	

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