N20000004871

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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: MANATEE COVE OF NAPLES HOMEOWNERS ASSOCIATION, INC. Name of Corporation DOCUMENT NUMBER: N20000004871 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: Bryan Fowler Name of Contact Person Southwest Property Management Firm/Company 1044 Castello Drive, Suite 206 Address Naples, FL 34103 City/State and Zip Code bfowler@swpropmgt.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Bryan Fowler at (239) 261-3440 Area Code & Daytime Telephone Number Name of Contact Person 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

statement of cha	provisions of sections 607.0502, 617.0502, 60 ange is submitted for a corporation organized t	inder the laws of the State of Flo	orida
	er to change its registered office or registered a		
	the corporation: MANATEE COVE OF NAPLE		ON, INC.
2. The principal	office address: Southwest Property Managemen		
1044 Castello Dr	rive, Suite 206, Naples, FL 34103		
3. The mailing a	address (if different): same as above		
	poration/qualification: 05/05/20	Document number: N20000004	1871
	d street address of the current registered agent a rtment of State: (If resigned, enter resigned)	and registered office on file with	ı the
	SCOTT BROOKS C/O PULTE HOME COMP.	ANY, LLC	
	24311 WALDEN CENTER DRIVE, SUITE 30	0	
	BONITA SPRINGS, FL 34134		
6. The name and (if changed):	d street address of the new registered agent (if o	.	ce
	1044 Castello Drive, Suite 206		
	PO Box NOT	acceptable	200
	Naples, FL 34103		· :
The street addre	ess of its registered office and the street addre	ess of the business office of its	registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted by i he board, or the corporation has been notified	ts board of directors or by and in writing of the change.	fficer so
	3,0	COTT BROOKS THE	Edant
Signatui	ire of an officer or directo	Printed or typed name and title	
I hereby accept I further agree to of my duties, and document is beil corporation has	the appointment as registered agent and agr to comply with the provisions of all statutes r ad I am familiar with and accept the obligation ing filed merely to reflect a change in the reg s been notified in writing of this change.	ee to act in this capacity, elative to the proper and comp in of my position as registered istered office address. I hereby	plete performance agent. Or if this confirm that the
	/ W/h	1/36/21	
Sign	mature of Registered Agent	Date	
If signing on be	chalf of an entity:		
T)	yped or Printed Name * * * FILING FEE: S.	35 (10 * * *	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04-13)