N24786

Office Use Only



700161215047

10/05/09--01015--023 **35.00

SECRETARY OF STATE ALL AHASSEE FI COLD

R.A

TI

OCT - 6 2009

COVER LETTER

Division of Corporations Manatee Cove Condominium Assoc. SUBJECT:___ Name of Corporation N24786 DOCUMENT NUMBER: 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: Susan M. Kase Name of Contact Person American Condominium Management Firm/Company 615 Cape Coral Pkwy. W. #103 Cape Coral, FL 33914 City/State and Zip Code smkmgmt@embarqmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Susan M. Kase Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Amendment Section Mailing Address: Amendment Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

TO:

Amendment Section

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida $^\circ$ ange is submitted for a corporation organized under the laws of the State of $_$	
	er to change its registered office or registered agent, or both, in the State of F	
1. The name of t	the corporation: Manatee Cove Condominium Associati	on, Inc.
2. The principal	office address: c/o Rossman Property Management	•
	16th Lane #2, Cape Coral, FL 33904	
3. The mailing a	address (if different): (same)	
4. Date of incorp	poration/qualification: 2/10/1988 Document number:	N24786
	d street address of the current registered agent and registered office on file wi	ith the
	Michelle Rossman	_
	c/o Rossman Property Management	ZOOS OCT
	1104 SE 46th Lane #2, Cape Coral, FL 33904	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered of	EF P
	Susan M. Kase	SH TO
	c/o American Condominium Management P.O. Box NOT acceptable	0A -
	615 Cape Coral Pkwy. W. #103, Cape Coral, FL 33914	_
The street addre as changed will	ess of its registered office and the street address of the business office of i	ts registered agent,
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by ar he board, or the corporation has been notified in writing of the change.	officer so
Muche	elle lorsman Michelle Rossmar ire of an officer of director Printed or typed name and t	n, CAM
I hereby accept I further agree to of my duties, an document is bei corporation has	t 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 con a familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address, I here is been notified in writing of this change.	mplete performance ed agent. Or, if this by confirm that the
Quar	an M Tas 10/1/2009	
,	gnature of Registered Agent Date	••
If signing on be	ehalf of an entity:	
	Susan M. Kase Viped or Printed Name	
٠.	* * * FILING FEE: \$35.00 * * *	

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (8/05)