N 25730

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: January Colle gave Authoring to Chapton Rainform in 1815. Act 4/4





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OS MAR 25 AN ID: 15
SECRETARY OF STATE

10 4/Hz

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: KINZIE ISLAND HOMEOWNERS ASSOCIATION, INC.				
(Name of corporation)				
DOCUMENT NUMBER: N25730				
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:				
Christopher J. Shields, Esquire				
(Name of contact person)				
·				
PAVESE LAW FIRM				
(Firm/Company)				
1833 Hendry Street				
(Address)				
Fort Myers, FL 33901				
(City/state and zip code)				
For further information concerning this matter, please call:				
for factors information concerning this matter, please can.				
Christopher J. Shields at (239) 336-6256 (Name of contact person) (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 Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399				

CR2E045(6/04)

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

	provisions of sections 607.0502, 617.0. nge is submitted for a corporation org		
	r to change its registered office or regi		
1. The name of the	he corporation: Kinzie Island Homeow	/ners ¹ Association, Inc.	100 G M
2. The principal	office address: 503 E. Gulf		[] F
	Sanibel, FL 33957		元 元
3. The mailing ac	ddress (if different): Post Office Box 1	00	25.4
	Sanibel, FL 339		70 0
4. Date of incorp	oration/qualification: 4/4/88	Document number: N25730	5
5. The name and Florida Depart	strect address of the current registered tment of State:	agent and registered office on file w	rith the
	Nick-Jambock NA	uglas kdurards) - 1: 4
	703 Tarpon Bay Road	1, Suite D 542 Kingie	Island
	Sanibel, FL 33957	0	_ .
6. The name and (if changed):	street address of the new registered ag	ent (if changed) and /or registered of	fice
	Christopher J. Shields		<u>.</u>
	1833 Hendry Street		
•	(P.O. Box NOT acceptab	ile)	_
	Fort Myers, FL 3390	11	- .
The street address as changed will l	ss of its registered office and the street be identical.	et address of the business office of	its registered agent,
The state	s authorized by resolution duly adopt e board, or the corporation has been i	ted by its board of directors or by an anotified in writing of the change. Stave Mihaly - President (Printed or typed name and	roctor
I hereby accept to I further agree to of my duties, and document is bein corporation hay	the appointment as registered agent of comply with the provisions of all sto I I am familiar with and accept the of I g filed merely to reflect a change in the Been notified in writing of this chang	ind agree to act in this capacity. atutes relative to the proper and coubligation of my position as registere the registered office adarcss, I here to.	mplete performance ed agent. Or, if this by confirm that the
		5/22/a	5
(Sign	nature of Registered Agent)	(Date)	 _
If signing on beh	alf of an entity:	,	
Christop	her J. Shields		
(T <u>)</u>	ped or Printed Name)		

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