N25869

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SECRETARY OF STATE

B.A.

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* COVER LETTER

TO: Amendment Section ' Division of Corporations					
SUBJECT: Kingwood Garden Condominium Association, Inc. Name of Corporation					
DOCUMENT NUMBER: N25869					
The enclosed Statement of Change of Registered Office/Agent at	nd fee are submitted for filing.				
Please return all correspondence concerning this matter to the following	llowing:				
Barbara Knoll					
Name of Contact Person	on				
Allianas Managama	nat				
Alliance Manageme Firm/Company	ent				
4100 Corporate Square, \$	Suite 155				
Address					
Naples, FL 34104 City/State and Zip Code					
bk108@alliancemgnt.com E-mail address: (to be used for future annual report notification)					
E-mail address. (to be used for future affiliation report nonflication)					
For further information concerning this matter, please call:					
	239) 331-3772				
Name of Contact Person Are	a 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	Street Address: Amendment Section Division of Corporations Clifton Building				
Tallahassee, FL 32314	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, 607.1508, or 617.1508, Florida Statunge is submitted for a corporation organized under the laws of the State of $\frac{Flo}{Flo}$	rida		
	er to change its registered office or registered agent, or both, in the State of Flor			
	the corporation: Kingwood Garden Condominium Associatio	n, Inc.		
2. The principal	office address: c/o Alliance Management, LLC			
2 The mailing s	address (if different): 4100 Corporate Square, Suite 155, Naples, FL	34104	-, .	
J. The maining t	indices (it different).	<u> </u>		
4. Date of incorp	poration/qualification: 4/12/1988 Document number:	N25869)	
	I street address of the current registered agent and registered office on file with the truent of State: (If resigned, enter resigned)	he		
	Compass Group			
	7400 Tamiami Trail North, Suite 101	 ⊅	20	
	Naples, FL 34108	LLA)N 60	** E *
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	AHASSEE	2009 NOV 30	1 T
	Richard H. Knoll, CAM	FEST FEST FEST FEST FEST FEST FEST FEST	P	fear 1 1
	Alliance Management	DRID!	3: 25	
	P.O. Box NOT acceptable			
	4100 Corporate Square, Suite 155, Naples, FL 34104			
The street addre as changed will	ess of its registered office and the street address of the business office of its rebe identical.	gistered	agent,	
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an office board, or the corporation has been notified in writing of the change.	ficer so		
fluy f	rediano 1/20/04 JERRY JEROS imo - 12 re of an officer or director Printed or typed name and title	24544	ch.	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and completed I am familiar with and accept the obligation of my position as registered a ng filed merely to reflect a change in the registered office address, I hereby to be provided in writing of this change.	ete perfor gent. Or confirm th	mance if this at the	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	nature of Registered Agent 1// 73/ 7009			
	half of an entity:			
Т	yped or Printed Name			

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