

N26842

(Travor Lutz)
Cobblestone Court 1 of Naples

(Requestor's Name)

1719 trade center way #4

(Address)

naples, fl

34109

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 MAY 31 AM 8:15

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PROPERTY OF STATE
DIVISION OF CORPORATIONS

R.A./R.D./CHS
@ 5/31/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cobblestone Court I of Naples
Name of Corporation

DOCUMENT NUMBER: N 26842

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:

Tavor Luty / Stephanie Kenney
Name of Contact Person

Sandcastle Community Mgmt
Firm/Company

1719 Trade Center Way #4
Address

Naples, FL 34109
City/State and Zip Code

Stephanie K @ sandcastlecm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Kenney X208 at (239) 596-7200
Name of Contact Person Area Code & Daytime Telephone Number

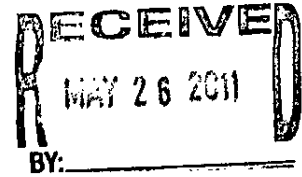
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations



May 23, 2011

COBBLESTONE COURT 1 OF NAPLES, INC.
% TRAVOR LUTZ
1719 TRADE CENTER WAY #4
NAPLES, FL 34109

SUBJECT: COBBLESTONE COURT I OF NAPLES, INC.
Ref. Number: N26842

We have received your document for COBBLESTONE COURT I OF NAPLES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 311A00012732

RECEIVED
11 MAY 31 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Cobblestone

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Cobblestone Court 1 of Naples, INC.
2. The principal office address: 1719 Trade Center Way #4
Naples, FL 34109
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/07/1988 Document number: N26842

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Edward A. Boot
2360 Longboat Dr.
Naples, FL 34104

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Travor Lutz
1719 Trade Center Way #4
P.O. Box NOT acceptable
Naples, FL 34109

11 MAY 31 AM 8:15
DIVISION OF CORPORATIONS
STATE OF FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Joseph M. Ch...
Signature of an officer or director

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Travor Lutz
Signature of Registered Agent

5/9/11
Date

If signing on behalf of an entity:

Travor Lutz
Typed or Printed Name

*** 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)