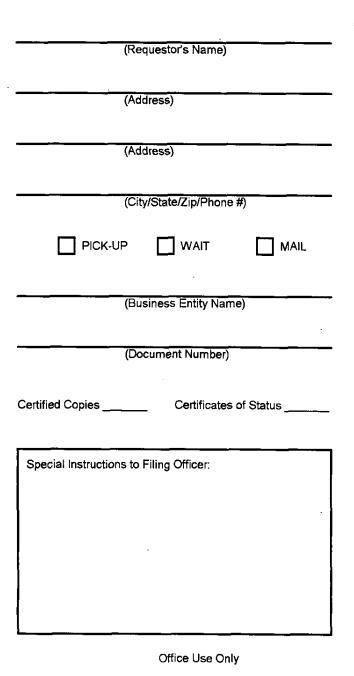
N30425





500235561165

05/29/12--01009--014 **35.00

WIL MAY 29 A B 3
ECRETARY OF STATE

T. LEMHEUX

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

statement of cha	provisions of sections 607 nge is submitted for a cor r to change its registered	poration organize	ed under the laws of the S	State of	lorida	
1. The name of t	ne corporation: The M	oorings of C	ape Coral Condo	minium	Assoc. Inc.	
2. The principal	office address: 615 Cap	pe Coral Parkw	vay West, Suite 101			
	Cape Co	oral, FL 33914				
3. The mailing a	ddress (if different):					
4. Date of incorporation/qualification: 1/31/89 Document number:					N30425	
	street address of the curr tment of State: (If resigne		nt and registered office of	on file with t	he	
	Alliant Property Ma					
	6719 Winkler Road, Ste 200			ΙΔ.	>1	
	Ft Myers, FL 3391	9		ECRE FLA	. ""1	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered of					
	Susan Kase, c/o American Condominium Mgmt, Inc.				, 0	
P.O. Box NOT acceptable						
	Cape Coral, FL 33914			 		
The street addre	ss of its registered office be identical.	e and the street ad	dress of the business of	ffice of its re	egistered agent,	
101157	s authorized by resolution to board, or the corporate of an efficer or director	on duly adopted bion has been notif	by its board of directors ied in writing of the cha		ficer so	
	the appointment as regi. o comply with the provi. d I am familiar with and ng filed merely to reflect been notified in writing	stered agent and c laccept the oblige a change in the i of this change.	agree to act in this capa es relative to the proper ation of my position as t registered office addres.	acity. cand comple registered a s, I hereby c	ete performance gent. Or, if this confirm that the	
Quza	nature of Registered Agent		5/17 Date	112	<u>.</u>	
SUSAN	half of an entity: AS C. Ped or Printed Name					

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