## N36748

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## **COVER LETTER**

TO: Amendment Section **Division of Corporations** SUBJECT: Cypress Keep Enclave Condominium Association, Ing N36748 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: Heather Grope Name of Contact Person Alliant Property Management, LLC Firm/Company 6719 Winkler Rd. Ste. 200 Address Ft. Myers, FL 33919 City/State and Zip Code heather@alliantproperty.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at ( 239 ) 210-6334

Area Code & Daytime Telephone Number Heather Grope Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Amendment Section **Street Address:** Amendment Section

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nange is submitted for a corporation organized under the laws of the State of Florida ler to change its registered office or registered agent, or both, in the State of Florida.	_
1. The name of t	f the corporation: Cypress Keep Enclave Condominium Association, Ir	1C.
2. The principal	al office address: c/o Alliant Property Management, LLC 6719 Winkler Rd. Ste.	200
Ft. Myers,	s, FL 33919	
_	address (if different): c/o Alliant Property Management, LLC 6719 Winkler Rd.	Ste. 200
4. Date of incorp	prporation/qualification: 2/20/1990 Document number: N36748	
	and street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	Murray, Grace J CAM Apex Management Svcs of Lee	
	County, Inc. 13611 McGregor Blvd. Ste. 6	
	Fort Myers, FL 33919 US	
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered agent (if changed) are registered agent (if changed) and /or registered agent (if changed) are registered agent (if changed) and /or registered agent (if changed) are reg	ELECTION STATE
	Alliant Property Management, LLC	
	6719 Winkler Rd. Ste. 200	
	P.O. Box NOT acceptable	ږ
	Ft. Myers, FL 33919	حرع ٢
The street address changed will	ress of its registered office and the street address of the business office of its registered ago It be identical.	ent,
Such change was authorized by the	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
Judit	ture an office detector Todith Howell Printed or typed name and title	_
Hereby accept I further agree to of my duties, an document is bei corporation has	ot the appointment as registered agent and agree to act in this capacity. The to comply with the provisions of all statutes relative to the proper and complete performe Than I am familiar with and accept the obligation of my position as registered agent. Or, if The eing filed merely to reflect a change in the registered office address, I hereby confirm that The as been notified in writing of this change.	ince this the
	Slow-Cm 8-10-10	<u> </u>
	Date Dehalf of an entity:	
	Millie Strohm Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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