NAILOA

(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:				





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RA RUKHY

JAN 26 2021

I ALBRITTON

COVER LETTER

то:	Amendment Section Division of Corporations	
SUBJ Name	ECT: The Mews of Naples Homeowners As of Corporation	sociation. Inc.
DOC	UMENT NUMBER: N41604	
The ci	nclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning thi	is matter to the following:
Christi	ina P Forbes	
Name	of Contact Person	
The M	ews of Naples	
Firm/0	Company	
3736 R	Rachel Lane	
Addre	SS	
Naples	k, FL 34103	
City/S	tate and Zip Code	
	cforbes@accetc.net	
E-mai	il address: (to be used for future annua	al report notification)
For fu	rther information concerning this matter,	please call:
Christi	na P Forbes	at (239)825 - 0 2 56 Area Code & Daytime Telephone Number
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the	e Department of State.
	Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314



January 9, 2021

CHRISTINA P. FORBES 3736 RACHEL LANE NAPLES, FL 34103

SUBJECT: THE MEWS OF NAPLES HOMEOWNERS' ASSOCIATION, INC.

Ref. Number: N41604

We have received your document for THE MEWS OF NAPLES HOMEOWNERS' ASSOCIATION, 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):

The registered agent must sign accepting the designation.

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) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 021A00000474

progradies por !

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

statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of	Florida			
1. The name of the corporation: The Mews of Naples Homeownners Association Inc				
2. The principal office address: 3736 Rachel Lane, Naples, FL 34103				
3. The mailing address (if different):				
4. Date of incorporation/qualification: 6/15/1995 Document number: N41604				
5. The name and street address of the current registered agent and registered office on file w Florida Department of State: (If resigned, enter resigned)				
Thomas Longe , resigned				
850 Park shore Drive. Suite 201				
Naples, FL 34103	- - -			
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
Christina P Forbes	fice			
3736 Rachel Lane				
P.O. Box NOT acceptable				
Naples, FL 34103	_			
The street address of its registered office and the street address of the business office of it as changed will be identical.	ts registered agent,			
Such change was authorized by resolution duly adopted by its board of directors or by an authorized by the board, or the corporation has been notified in writing of the change.	officer so			
Mean Director- Sherry O'Hearn				
Signature of an officer or director Printed or typed name and it	ntle			
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 con of my duties, and I am familiar with and accept the obligation of my position as registere document is being filed merely to reflect a change in the registered office address. Therefore corporation has been notified in writing of this change.	nplete performance d agent. Or, if this by confirm that the			
Signature of Registered Agent Date If signing on behalf of an entity:				
Christina P Forbes				
Typed or Printed Name				

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