

N43396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

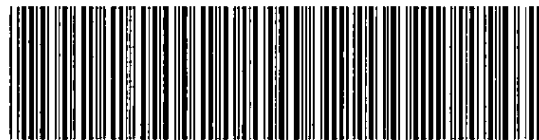
(Document Number)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: St Vincents Condominium Association, Inc
Name of Corporation

DOCUMENT NUMBER: N43396

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:

Gordon Burgin

Name of Contact Person

Complete Property Management of SWFL

Firm/Company

3050 N Horseshoe Drive Suite 172

Address

Naples, FL 34104

City/State and Zip Code

Lec@CPMSWFL.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gordin Burgin

Name of Contact Person

at (239)

877-2025

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: St Vincents Condominium Association, Inc
2. The principal office address: 6537 Marissa Loop Naples, FL 34108

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/10/1991 Document number: N43396

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)

Resort Management
2685 Horseshoe Dr S #215
Naples, FL 34104


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

Complete Property Management of SWFL
3050 N Horseshoe Drive Suite 172
Naples, FL 34104

P.O. Box NOT acceptable

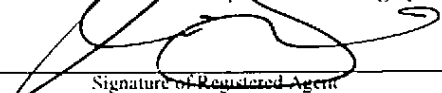
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

Eugene Colao, President
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.


Signature of Registered Agent

12/13/2023
Date

If signing on behalf of an entity:

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 (04/13))

FILED
23 DEC 18 AM 11:32
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FL 32314