

N45535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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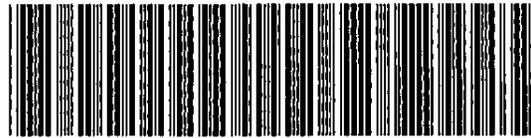
(Business Entity Name)

(Document Number)

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APR 17 2012  
T. LEMIEUX

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Palmetto Ridge Homeowners Association Inc  
Name of Corporation

**DOCUMENT NUMBER:** N 45535

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:

Maria LaGrasta  
Name of Contact Person

Palmetto Ridge Homeowners Association Inc  
Firm/Company

434 Conners Avenue  
Address

Naples, Florida 34108  
City/State and Zip Code

Marialagrasta@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria LaGrasta at ( 239 ) 597.5850  
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

**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: Palmetto Ridge Homeowners Association Inc
- 2. The principal office address: 434 Conners Avenue  
Naples, Florida 34108
- 3. The mailing address (if different): P.O. Box 110577  
Naples, Florida 34108
- 4. Date of incorporation/qualification: 10/08/1991 Document number: N45535

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)

Maria LaGrasta  
506 - 106th Avenue North  
Naples, Florida 34108

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

Maria LaGrasta  
434 Conners Avenue  
P.O. Box NOT acceptable  
Naples, Florida 34108

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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.

Maria LaGrasta  
Signature of an officer or director

Maria LaGrasta  
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.

Maria LaGrasta  
Signature of Registered Agent

04/10/2012  
Date

If signing on behalf of an entity:

Maria LaGrasta  
Typed or Printed Name

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