N94000001309

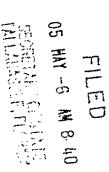
(Re	equestor's Name)			
(Ad	idress)			
(Ad	idress)			
(Ci	ty/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	ocument Number))		
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				
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Office Use Only



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COVER LETTER

10:	Division of Corporations			
SUBJE	The Palmtation II Condominium Association, Inc. (Name of corporation)			
DOCU	MENT NUMBER: N94000001309			
	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.			
Please	return all correspondence concerning this matter to the following:			
Jay Doelder (Name of contact person)				
	(rante of conact person)			
	(Firm/Company)			
1004 SW 48th. Terrace Unit #103				
	(Address)			
	Cape Coral, FL 33914			
	(City/state and zip code)			
For fur	ther information concerning this matter, please call:			
Jay Do	at (239) 540-9928			
44, 24	(Name of contact person) (Area code & daytime telephone number)			
Enclose	ed 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 409 E. Gaines Street Tallahassee, FL 32399			

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

-	visions of sections 007.0302, 017.0302, 0 is submitted for a corporation organize	d under the laws of the State of Florida
iņ order to	change its registered office or registere	d agent, or both, in the State of Florida.
1. The name of the c	corporation: The Palmtation II Condomi	nium Association, Inc.
2. The principal offi		
· · · · · · · · · · · · · · · · · · ·	Cape Coral, FL 33914	
3. The mailing addre	ess (if different): The Palmtation II Con	dominium Association, Inc.
1004 SW 48th.		
4. Date of incorpora	tion/qualification: 03/11/1994	Document number: N94000001309
5. The name and stre Florida Departme	eet address of the current registered agerent of State:	nt and registered office on file with the
Che	effy, Janey	
237	75 Tamiami Trail North Suite 207	3
Na	ples, FL 33940	三 五
6. The name and stre (if changed):	eet address of the new registered agent (if changed) and /or registered office
Do	oelder, Jay	
100	04 SW 48th, Terrace Unit #103	
_	(P.O. Box NOT acceptable)	
Ca ——	pe Coral, FL 33914	
The street address of as changed will be	of its registered office and the street ad identical.	dress of the business office of its registered agent,
Such change was a authorized by the b	uthorized by resolution duly adopted b loard, or the corporation has been notif	y its board of directors or by an officer so ned in writing of the change.
Day		Jay Doelder, Treasurer
	tan officer or director) appointment as registered agent and a	(Printed or typed name and title)
I further agree to c	omply with the provisions of all statute	es relative to the proper and complete performance ation of my position as registered agent. Or, if this registered office address, I hereby confirm that the
Sant &	Doelden	05/04/05
Signatu	ire of Registered Agent)	(Date)
If signing on behalf	f of an entity:	
· · · · · · · · · · · · · · · · · · ·	d or Printed Name)	
(1) Aber	o or a support receive,	

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