## 94000001596

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Jach Masser

## **COVER LETTER**

TO: Amendment Division of C	Section Corporations		
subject: Fai	rways I at Marco Sho Name	ores Condominium of Corporation	Assoc.
DOCUMENT NUM	BER:N	94000001596	
The enclosed Stateme	ent of Change of Registered C	office/Agent and fee are su	bmitted for filing.
Please return all corre	espondence concerning this m	atter to the following:	
			ı
	Greg	Marier, Esq. Contact Person	·
	Name of	Contact Person	
	Becker 8	Pollakoff, P. A.	
<u></u>	វាក	n/Company	
		Beach Road, Ste. 501 Address	<del></del>
_	Naple City/Sta	s, FL 34108 te and Zip Code	· ·
E	-mail address: (to be used f	or future annual report n	otification)
For further information	on concerning this matter, plea	ase call:	
Gre	eg Marier, Esq. of Contact Person	at ( 239 )	552-3200
	of Contact Person		aytime Telephone Number
	National Address	C4 4 3 3 .	

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

statement of che	ange is submitted for a co	rporation organize	507.1508, or 617.1508, Flor d under the laws of the State I agent, or both, in the State	of Florida
			Shores Condomin E NAPLES FL 34114	ium Assoc., Inc.
3. The mailing	address (if different): P.C	D. BOX 1911 M	ARCO ISLAND FL 341	146 US
4. Date of incor	poration/qualification:	03/31/1994	Document number:	N94000001596
	d street address of the cur rtment of State: (If resign		t and registered office on fil	e with the
•	GRUESEL, JAMIE			
	1104 N. COLLIER	BLVD.		
	MARCO ISLAND	L 34145 US		上 上 2
6. The name and (if changed):			f changed) and /or registere	
	Becker & Poliakoff		504	— 製 2
	999 Vanderbilt Bea	P.O. Box NOT ac		<del>,</del>
	Naples, FL 34108	· · · · · · · · · · · · · · · · · · ·		
The street addr	ess of its registered offic I be identical.	e and the street add	dress of the business office	of its registered agent,
_			y its board of directors or b ed in writing of the change	
John Co	Er Property	Ngs.	TOHN CARR P	poerty Manager
I hereby accep. I further agree of my duties, as document is be corporation ha	t the appointment as reg to comply with the provi nd I am familiar with an ing filed merely to reflect s been notified in writing	istered agent and a isions of all statute d accept the obliga it a change in the r g of this change.	gree to act in this capacity s relative to the proper and tion of my position as regi egistered office address, I i	l complete performance stered agent. Or, if this hereby confirm that the
V/ Si	gnature of Registered Agent		Date	<del></del>
Gred	chalf of an entity:   Noveley  Open 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 (8/05)