Florida Department of State Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0380

To:

Account Name : THE FARR LAW FIRM .Account Number : 103654001666

Phone : (941)639-1158

Fax Number

: (941)639-0028

REGISTERED AGENT CHANGE

THREE SISTERS HOMEOWNERS ASSOCIATION, INC.

Certificate of Status Certified Copy 0 Page Count 02 Estimated Charge \$35.00

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Corporate Filing Menu

Help

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: THREE SISTERS HOMEOWNERS ASSOCIATION, INC.	
2. The principal office address: 7181 College Parkway, Suite 38, Fort Myers, FL 33907	
3. The mailing address (if different): c/o BMCO, 400 Kelby Street, 16th Floor, Fort Lee, NJ 07024	
4. Date of incorporation/qualification: April 11, 1994 Document number: N94000001773	_
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Charles T. Boyle	
115 West Olympia Avenue	
Punta Gorda, FL 33950	
Punta Gorda, FL 33950 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	,
Jack O. Hackett II	
99 Nesbit Street	ې
(P.O. Box NOT acceptable)	C
Punta Gorda, FL 33950	
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 of director) Rebecca Seale Paterson (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.	
12/15/06	
(Signature of Registered Agent) (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 (8/05)