

N94000004/144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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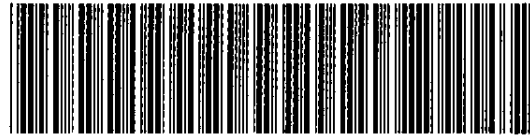
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7. 9-30-11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CAPTIVA COVE HOMEOWNER'S ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N94000004144

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:

ANCHORS, MICHELLE
Name of Contact Person

KEEFE, ANCHORS, GORDON & MOYLE
Firm/Company

2113 LEWIS TURNER BLVD, SUITE 100
Address

FORT WALTON BEACH, FL 32547 US
City/State and Zip Code

MANCHORS@KAGMLAW.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANCHORS, MICHELLE at (850) 863-1974
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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: CAPTIVA COVE HOMEOWNER'S ASSOCIATION, INC.

2. The principal office address: 10 E LUCILE ST., FORT WALTON BEACH FL 32548-4492 US

3. The mailing address (if different): P.O. BOX 4123, FT WALTON BEACH FL 32549 US

4. Date of incorporation/qualification: 08/23/1994 Document number: N94000004144

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)

ANCHORS, MICHELLE

4460 LEGENDARY DR, SUITE 190

DESTIN FL 32325 US

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

ANCHORS, MICHELLE

2113 LEWIS TURNER BLVD, SUITE 100

P.O. Box NOT acceptable

FORT WALTON BEACH, FL 32547 US

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.

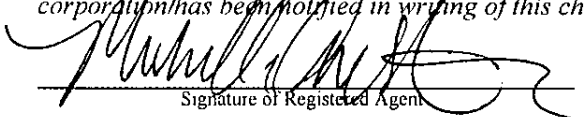


Signature of an officer or director

JOSEPH NAPIER, 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

Sept 26, 2011

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

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