N94000004954

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRLIARY OF STATE
ANASSEE, FLORIDA

Thosens NOV 15 2006

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Crescent Cove Homeowners Asso (Name of Corporate	ociation, Inc.
DOCUMENT NUMBER: N94000004954	······································
The enclosed Statement of Change of Registered Office/Agen	at and fee are submitted for filing.
Please return all correspondence concerning this matter to the	following:
Kathy Stefanacci (Name of Contact Po	erson)
Myers, Brettholtz & Company, Pa (Firm/Company)	A
12671 Whitehall Drive	
(Address)	
Fort Myers, FL 33907	
(City/State and Zip)	Code)
For further information concerning this matter, please call:	
Kathy Stefanacci at (Name of Contact Person)	239 939-5775 (Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check made payable to the Department of	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

TO:

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

statement of cha	provisions of sections 607.0502, 617.0502, ange is submitted for a corporation organize	ed under the laws of the State of Flor	ida
	er to change its registered office or registere	,	la.
1. The name of	the corporation: Crescent Cove Homeow	vners Association, Inc.	
2. The principal	office address: 12671 Whitehall Drive, F	ort Myers, FL 33907	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 10/03/1994	Document number: N94000004	1954
	d street address of the current registered ager rtment of State:	nt and registered office on file with the	OG NI
	James W. Hart, Jr./Sentry Man	agement, Inc.	ON I
	2180 W. SR 434, Ste 5000		PILED 06 NOV 14 PM 1: 1 SECRETARY OF STAT FALLAHASSEE, FLOR
	Longwood, FL 32779-5044		H : F ST F L(
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	12 ATE DRIDA
	Sam Schiphorst		
	14886 Crescent Cove Drive (P.O. Box NOT acceptable)		
	Fort Myers, FL 33908		
The street addr as changed wil	ess of its registered office and the street ad l be identical.	dress of the business office of its reg	gistered agent,
Such change wauthorized by t	as authorized by resolution duly adopted be board, or the corporation has been notif	y its board of directors or by an officied in writing of the change.	cer so
James	or J. T. Scheette.	James J. Fischell (Printed or typed name and title)	ta
I hereby accept I further agree of my duties, an document is be corporation ha	t the appointment as registered agent and a to comply with the provisions of all statute ad I am familiar with and accept the obliga ing filed merely to reflect a change in the r s been notified in writing of this change.	agree to act in this capacity. 25 relative to the proper and complet ation of my position as registered ag registered office address, I hereby co	te performance ent. Or, if this onfirm that the
سھ کے۔	Slew	10/26/06	
(S	gnature of Registered Agent)	(Date)	
If signing on bo	ehalf 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)