N95000002970

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COVER LETTER

TO: Amer Divis	ndment Section tion of Corporations	
SUBJECT:_	Sunset Cay Villas III Condor Name of C	ninium Association, Inc.
DOCUMEN	T NUMBER: N96	000000391
The enclosed	Statement of Change of Registered Office	e/Agent and fee are submitted for filing.
Please return	all correspondence concerning this matter	to the following:
	Greg Mark	er, Esquire
	Becker & Po	oliakoff, P.A.
	999 Vanderbilt Bea	ach Road, Ste. 501
	Naples, F City/State a	L 34108
	E-mail address: (to be used for i	uture annual report notification)
For further in	formation concerning this matter, please	eali:
	Greg Marier, Esquire	at (239) 552-3200
	Name of Contact Person	at (239) 552-3200 Area Code & Daytime Telephone Number
Enclosed is a	\$35.00 check made payable to the Depart	tment 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
	1 KII (2C T. 173) IA	ADDI EXECUTIVE CONTEL CHER

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, unge is submitted for a corporation organized under the laws of the State of Florids	, <i>this</i> 3		
in orde	er to change its registered office or registered agent, or both, in the State of Florida.		-	
1. The name of	the corporation: Sunset Cay Villas II Condominium Association	. Inc.		_
	office address: 206 Newport Drive, Naples, FL 34114			_
				
3. The mailing a	address (if different): P.O. Box 362, Marco Island, FL 34146			
4. Date of incor	poration/qualification: 6-19-1995 Document number: N9500	0002970)	
	d street address of the current registered agent and registered office on file with the rement of State: (If resigned, enter resigned)			
	Jamle Gruesel		=	
	1104 N. Collier Blvd.] [
	Marco Island, FL 34145	表点	. 21	11.11
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office		PH 1:2	Ü
	Becker & Poliakoff, P.A.	DA ATE	22	
	999 Vanderbilt Beach Road, Ste. 501	- 16		
	P.O. Box NOT acceptable Naples, FL 34108			
The street addr	ess of its registered office and the street address of the business office of its regis	stered age	nt,	
	as authorized by resolution duly adopted by its board of directors or by an office he board, or the corporation has been notified in writing of the change.			
John Signatu	re tropauly Mg. JOHN CARE Surpex proper Printed by Typed raumo and tills		lav.	
I hereby accept I further agree of my duties, ar document is be corporation ha	t the appointment as registered agent and agree to act in this capacity; to comply with the provisions of all statutes relative to the proper and complete nd I am familiar with and accept the obligation of my position as registered agen ing filed merely to reflect a change in the registered office address. I hereby con s peen notified in writing of this change.	performa nt. Or, if i firm that i	nce this the	
			-	
	charter of Registered Agent Date			
it signing on be	chalf of an entity:			
	Greg Marier 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)