N9000000565

| (Re | equestor's Name) | | |
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| (Ad | dress) | | |
| (Ac | ldress) | | |
| (Cit | ty/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | isiness Entity Nar | ne) | |
| (Document Number) | | | |
| Certified Copies | Certificates | s of Status | |
| Special Instructions to | Filing Officer: | | |
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COVER LETTER

TO:

Amendment Section Division of Corporations

Glen Manor Condominium Association, Inc.

SUBJECT:

Name of Corporation

N96000001565

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:

Tony Shefferd

Name of Contact Person

Sterling Property Services LLC

Firm/Company

27180 Bay Landing Drive, Suite 4

Address

Bonita Springs, FL 34135

City/State and Zip Code

info@sterlingpropertyfl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tony Shefferd

.,239

947-4552

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

| statement of ch | ange is submitted for a corpord | 02, 617.0502, 607.1508, or 617.1508, Florida Statutes, the ration organized under the laws of the State of Florida ce or registered agent, or both, in the State of Florida. | is |
|----------------------------------|--|---|----------|
| 1. The name of | the corporation. | anor Condominium Association, Inc | <u> </u> |
| 2. The principa | al office address: 27180 Ba | ay Landing Drive, Suite 4 | |
| | | prings, FL 34135 | |
| 3. The mailing | address (if different): | | |
| 4. Date of incom | rporation/qualification: 3/18 | 3/1996 Document number: N96000001 | 565 |
| 5. The name an | | registered agent and registered office on file with the | |
| | Paul L. Sapp | | |
| | 14360 S. Tamiam | ni Trail, Unit B | |
| | Fort Myers, FL 33 | 3912 | |
| 6. The name an (if changed): | : | Services LLC Ing Drive, Suite 4 P.O. Box NOT acceptable FL 34135 | |
| | Sterling Property | Services LLC | |
| | 27180 Bay Landing Drive, Suite 4 | | |
| | Bonita Springs, F | P.O. Box NOT acceptable | ω |
| The street addr | ress of its registered office and !I be identical. | d the street address of the business office of its registered | d agent, |
| Such change wauthorized by t | vas authorized by resolution du the board, or the corporation h | uly adopted by its board of directors or by an officer so has been notified in writing of the change. | |
| Signat | ture of an officer or director | Printed or typed name and title | |
| I further agree performance o | e to comply with the provisions of my duties, and I am familiar | ed agent and agree to act in this capacity. s of all statutes relative to the proper and complete r with and accept the obligation of my position as registe erely to reflect a change in the registered office address, en notified in writing of this change. | red I |
| | | May 13, 2014 | |
| 1 | ignature of Registered Agent | Date | |
| If signing on b | ehalf of an entity: | | |
| TONY SH | Typed or Printed Name | | |
| | Types of Crimes trade | | |

* * * FILING FEE: \$35.00 * * *