

N960000024612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

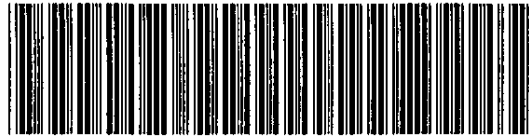
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 10 2012

T. ROBERTS

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: BRENDAN COVE HOMEOWNERS ASSOCIATION, INC  
Name of Corporation

DOCUMENT NUMBER: N96000004612

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:

CAROLYN OPPIE  
Name of Contact Person

Sandcastle Management Inc.  
Firm/Company

5495 Bryson Drive, Suite #412  
Address

Naples, FL 34109  
City/State and Zip Code

stephaniek@sandcastlecm.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolyn Oppie at (239) 596-7200  
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BRENDAN COVE HOMEOWNERS' ASSOCIATION, INC.
2. The principal office address: **5495 Bryson Drive, Suite #412, Naples, FL 34109**
3. The mailing address (if different): **Same**
4. Date of incorporation/qualification: 09/03/1996 Document number: N96000004612
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)  
**CAROLYN OPPIE**  
**400 Building at Park Central North, Suite #412**  
**Naples, FL 34109**
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
**CAROLYN OPPIE**  
**5495 Bryson Drive, Suite #412**  
**Naples, FL 34109**

P.O. Box NOT acceptable

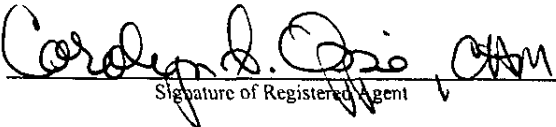
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

John Frey  
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

6/11/12  
Date

If signing on behalf of an entity:

Carolyn Oppie  
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