## N96000005469

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificatos	of Status
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Special Instructions to I	Filing Officer:	
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Office Use Only



400206941354

**400206941354** 05/03/11--01007--003 \*\*35,00



West 5/13 cm

## COVER LETTER

**TO:** Amendment Section Division of Corporations

SUBJEC Pharleston Square Co	ndominium Association of Nap Name of Corporation	oles, I		
DOCUMENT NUMBER:	N96000005469	<del></del>		
The enclosed Statement of Change of Re	egistered Office/Agent and fee are submitte	ed for filing.		
Please return all correspondence concern	ing this matter to the following:			
	John Ladner	<del></del>		
	Name of Contact Person			
G	Gulfshore Property Mgmt.			
	Firm/Company			
P. O. Box 10971				
	Address			
<del></del>	Naples, FL 34101 City/State and Zip Code	<del></del>		
	aulfahara@amu aan			
	gulfshore@gmx.com be used for future annual report notific	ation)		
	•	•		
For further information concerning this n	natter, please call:			
John Ladner	at ( 239 ) Area Code & Daytime	440-3260		
Name of Contact Person	Area Code & Daytime	Telephone Number		
Enclosed is a \$35.00 check made payable	to the Department of State.			
<u>Mailing Address</u> Amendment Sec	Street Address; ction Street Address;	ion		
Division of Cor				
P.O. Box 6327 Clifton Bu				

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## ETATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a co	orporation organize	607.1508, or 617.1508, Fl d under the laws of the Sta	ate of Florida
in orde	er to change its registered	d office or registered	d agent, or both, in the Sta	te of Florida.
1. The name of t	the corporation: Charle	eston Square	Condominium As	sociation, Inc.
2. The principal	office address: 5401 T	aylor Rd., #6, N	aples, FL 34109	
· · · ·				
3. The mailing a	ddress (if different): P.	O. Box 10971, I	Naples, FL 34101	
4. Date of incorp	poration/qualification:	10/21/1996	Document number:	N96000005469
	street address of the cur tment of State: (If resign		at and registered office on	file with the
	Robert Gracey, 18	7 Forest Lakes I	Blvd., Naples, FL 341	105. 🚈
6. The name and (if changed):			f changed) and /or register Naples, FL 34109.	11 MAY -3 AH 9: 55  ALLAHASSEE, FLORIDA,  red office
		P.O. Box NOT acc	ceptable	· ·
The street addre	ss of its registered offic be identical.	e and the street add	lress of the business offic	e of its registered agent,
Such change wa authorized by th	s authorized by resoluti e board, or the corporat	ion duly adopted by tion has been notific	tits board of directors or ed in writing of the chang	by an officer so ge.
Signature	e of an officer or director		John Ladne	er, Mgmt.
I hereby accept i I further agree to of my duties, and document is bein corporation has	the appointment as regi o comply with the provi d I am familiar with and ng filed merely to reflec been notified in writing	istered agent and a sions of all statutes I accept the obliga t a change in the re g of this change.	gree to act in this capacit i relative to the proper an tion of my position as reg egistered office address, I	ty. id complete performance istered agent. Or, if this hereby confirm that the
21	7.		4/271	111
if signing on beh	nalf of an entity:		Date	
-	John Ladner			
Ty	ped or Printed Name	<del></del>		

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