

N96000005469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

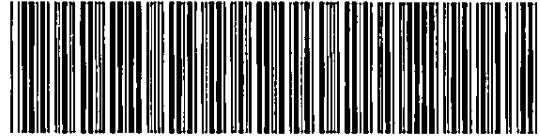
(Business Entity Name)

(Document Number)

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S. YOUNG

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 13, 2017

DEBI TALIAFERRO  
DETAI & ASSOCIATES  
27499 RIVERVIEW CENTER BLVD #208  
BONITA SPRINGS, FL 34134

SUBJECT: CHARLESTON SQUARE CONDOMINIUM ASSOCIATION  
NAPLES, INC.  
Ref. Number: N96000005469

We have received your document for CHARLESTON SQUARE CONDOMINIUM ASSOCIATION OF NAPLES, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

**THE CURRENT REGISTERED AGENT MUST BE LISTED**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 417A00014234

RECEIVED  
2017 AUG 11 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Charleston Square Condo Association of Naples Inc  
Name of Corporation

**DOCUMENT NUMBER:** N96000005469

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:

Debi Taliaferro  
Name of Contact Person

Detali & Associates  
Firm/Company

27499 Riverview Center Blvd, # 208  
Address

Bonita Springs, FL 34134  
City/State and Zip Code

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

For further information concerning this matter, please call:

Debi Taliaferro at ( 239 ) 495-1057  
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: Charleston Square Condo Association of Naples Inc
2. The principal office address: 27499 Riverview Center Blvd, # 208  
Bonita Springs, FL 34134
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/21/1996 Document number: N96000005469
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)

~~RESIGNED~~ Guardian Property Mgmt  
6704 Lone Oak Blvd  
Naples, FL 34109

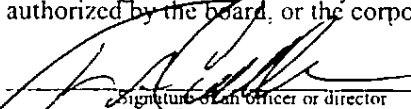
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Detali & Associates  
27499 Riverview Center Blvd, # 208  
P.O. Box NOT acceptable  
Bonita Springs, FL 34134

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17 AUG 11 PM 4:08  
TALLAHASSEE, FLORIDA

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

Trevor Calhoun  
\_\_\_\_\_  
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.

Debi Taliaferro  
\_\_\_\_\_  
Signature of Registered Agent

6/15/2017  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Debi Taliaferro  
\_\_\_\_\_  
Typed or Printed Name

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