## N9700000 4260

(Re	equestor's Name)	
(Ac	Idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	<del>)</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	_	

Office Use Only



500187078235

10/26/10--01009--001 \*\*\*770.00

SECRETARY OF STATE ALLAHASSEE, FLORID,

R.A.



## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Royal Palm Golf Estates Homeowners Association INC
DOCUMENT NUMBER: N97 00000 4260
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:
Michael Yelton  Name of Contact Person
Benson's KT Firm/Company
3050 Horseshue Or #275
CAVOVAK  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (239) 263.1577  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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 1, 2010

MICHAEL YELTON BENSON'S KT 3050 HORSESHOE DR #275 NAPLES, FL 34104

SUBJECT: ROYAL PALM GOLF ESTATES HOMEOWNERS' ASSOCIATION,

INC.

Ref. Number: N97000004260

We have received your document for ROYAL PALM GOLF ESTATES HOMEOWNERS' ASSOCIATION, 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 name of the entity is as referenced above. Please correct your document accordingly.

The document number for the corporation is N97000004260.

The registered agent must sign accepting the designation.

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) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 710A00025643

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS $^{\prime\prime\prime\prime}$

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Koyal Palm Golf Estates Homeowners/455
2. The principal office address: Benson's KT - GO ASSOCIA, - 5401 N. Central
Expressivaly Suite 300 - Dollas, Tx 75205
3. The mailing address (if different): BENSON'S KT-3050 HOVSESHOE Drive
North, suite 275, Naples, FL 34104
4. Date of incorporation/qualification: 07/25/1797 ocument number: N97,000004 260
5. The name and street address of the current registered agent and registered office on file with the \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Vandall, Bonita, D. (resigned)
3050 N. Horseshoe Dr. STE 275
Naples, F.L 34104 US
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed).
Benson's KT
3050 Horseshoe D.C. N. 4275
Naples FL 34104 8
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 other of decelor Printed of type ( as me and title
I haveby accept the appolaiment in 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. Thereby confirm that the corporation has been notified in writing of this change.
Miller Gellor II-8-10
Signature of Registered Agent Date
If signing on behalf of an entity:
Michael Velton Typed or Printer 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)