| (Requestor's Name) (Address) | 700238341727 | | | |
|---|---|--|--|--|
| (Address) | , | | | |
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) | 08/10/1201018003 **2170.00 | | | |
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COVER LETTER

TO:

Amendment Section Division of Corporations

Royal Palm Golf Estates Homeowners Association, Inc.

Name of Corporation

N97000004260

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:

Wendy Murray
Name of Contact Person

Associa Gulf Coast

13461 Parker Commons Blvd #101

Address

Fort Myers, FL 33912
City/State and Zip Code

dracine@associagulfcoast.com

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

For further information concerning this matter, please call:

Dianne Racine

Name of Contact Person

239 277-0718
Arca 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 cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617. ange is submitted for a corporation organized under the laws er to change its registered office or registered agent, or both, t | of the State of | Florida | | jos |
|--|---|---|---|--|----------|
| t. The name of | the corporation: Royal Palm Golf Estates Hom | eowners | Assoc | ciation | ո, Inc |
| 2. The principal #101 | office address: c/o Associa Gulf Coast, 1346 | 1 Parkei | r Com | mons | Blv |
| | address (if different): c/o Associa Gulf Coast, 134 | 161 Parke | er Com | nmon | s Blv |
| 4. Date of incor | poration/qualification: 07/25/1997 Document nu | mber: N 97 | 00000 | 4260 |) |
| 5. The name and | d street address of the current registered agent and registered criment of State: (If resigned, enter resigned) | | | | |
| | Associa Gulf Coast | ndazonné příkolky jennych stvaní kojejí svoje | 3. | | |
| | 12650 Whitehall Drive | | | 2:12 | |
| | Fort Myers, FL 33907 | | AHE | 2\$12 AUG | COMMENT. |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /o | | 925) | IO PM | FT. |
| | Associa Gulf Coast | | 108 1013 | 1:08 | A. Par |
| | 13461 Parker Commons Blvd #101 | | 5.4 | 08 | |
| | P.O. Box NOT acceptable | | | | |
| Ti | Fort Myers, FL 33912 | | _ | | |
| as changed will | ess of its registered office and the street address of the busin be identical. | ess office of | its registe | ered age | int, |
| Such change we authorized by the | as authorized by resolution duly adopted by its board of dire board, or the corporation has been notified in writing of the | ctors or by an he change. | n officer | so | |
| The Sil | Mark Krotz, | Agent | title | | _ |
| I hereby accept I further byree i performance of agent. Or, if the hereby confirm- | the appointment as registered agent and agree to act in this to compily with the provisions of all statutes relative to the provisions of all statutes relative to the provisions of all statutes relative to the providence of the obligation is document is being filed merely to reflect a change in the that the corporation has been notified in writing of this cha | s capacity proper and co of my position registered off page | omplete on as reg lice addre | istered ess, I | |
| | 6/12/12 | | | | |
| | nature of Registered Agent | Date | ara ara 385 a da 3 da 60 da 600 da 600 da 600 | ************************************** | |
| | half of an entity: | | | | |
| Wendy M | UFFAY yped or Printed Name | | | | |

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

CKS PAYABLE TO FLORIDA DEPARTMENT OF STATI