

N97000006372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 15, 2019

BRIAN FOWLER
SOUTHWEST PROPERTY MANAGEMENT
1044 CASTELLO DR., STE. 206
NAPLES, FL 34103

SUBJECT: CYPRESS GLEN I CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N97000006372

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

PLEASE COMPLETE THE FULL NAME OF THE REGISTERED AGENT.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 819A00003344

Rec 4/11/19

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cypress Glen 1 Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N97000006372

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:

Bryan Fowler

Name of Contact Person

Southwest Property Management.

Firm/Company

1044 Castello Drive, Suite 206

Address

Naples, Fl. 34103

City/State and Zip Code

bfowler@swpropmgt.com

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

For further information concerning this matter, please call:

Bryan Fowler

Name of Contact Person

at (**239**) **261-3440**

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: CYPRESS GLEN 1 CONDOMINIUM ASSOCIATION, INC..

2. The principal office address: 1044 CASTELLO DR., STE. 206
NAPLES, FL. 34103

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/10/1997 Document number: N97000006372

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)

Sentry Management, Inc.
2180 West SR 434 Ste 5000
Longwood, FL 32779

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

SOUTHWEST PROPERTY MANAGEMENT ✓

1044 CASTELLO DR., STE. 206

P.O. Box NOT acceptable

NAPLES, FL. 34103

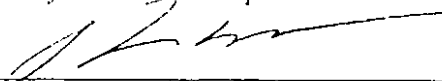
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

✓ AMANDA NATALE
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

1/22/19
Date

If signing on behalf of an entity:

Brian Fowler

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