

N95 000 000 768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

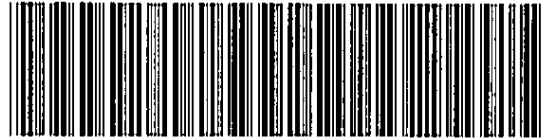
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700364770017

05/03/21--01033--015 **35.00

FILED

2021 MAY -3 AM 2:57

SECRETARY OF STATE
TALLAHASSEE, FL

6-7-21
SP

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Marker Lake Villas Neighborhood Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N98000000768

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:

Susan Treanor
Name of Contact Person

President, Marker Lake Villas Neighborhood Assn, Inc.
Firm/Company

2130 Stacil Circle
Address

Naples, FL, 34109
City/State and Zip Code

setreanor@yahoo.com
E-mail address: (to be used for future annual/report notification)

For further information concerning this matter, please call:

Susan Treanor at (239) 631-9099
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Marker Lake Villas Neighborhood Assn., Inc
2. The principal office address: 2130 Stacil Circle
Naples, FL, 34109
3. The mailing address (if different): 2130 Stacil Circle
Naples, FL, 34109
4. Date of incorporation/qualification: 2/9/1998 Document number: N78000000768
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)

James Mordant
1035 Collier Center Way, #7
Naples, FL, 34110

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

Susan Treanor
2130 Stacil Circle
Naples, FL, 34109

P.O. Box NOT acceptable

SECRETARY OF STATE
TALLAHASSEE, FL

2021 MAY -3 AM 2:58

FILED

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]
Signature of an officer or director

Susan Treanor, President
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]
Signature of Registered Agent

April 29, 2021
Date

If signing on behalf of an entity:

Susan Treanor
Typed or Printed Name

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