## N99000000604

(Re	equestor's Name)	
(Ac	ldress)	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Chg,

## **COVER LETTER**

Division of Corporations		
SUBJECT: Cotton breen Villa (Name of Corporati	ige Association.	
DOCUMENT NUMBER: N9900000	604	
The enclosed Statement of Change of Registered Office/Agent	and fee are submitted for filing.	
Please return all correspondence concerning this matter to the		
FRANK BONACCI Name of Contact Pe		
(Name of Contact Pe	erson)	
Platinum Propert	y Management	
1016 Collier Cont. (Address)	ez Way Ste. 4/02	
Noples, FC. 34/ (City/State and Zip)	Code)	
For further information concerning this matter, please call:		
FRANK BONACCI at (Name of Contact Person)	239 596-/03/ (Area Code & Daytime Telephone Number)	
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address: Amendment Section	Street Address: Amendment Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

## ${\boldsymbol{\cdot\cdot}}$ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a co	07.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this or or organized under the laws of the State of Florida.  d office or registered agent, or both, in the State of Florida.
1. The name of the corporation: 2. The principal office address:	COTTON GREEN VILLAGE ASSOCIATION, INC. CARDINAL MGMT GROUP OF S FLORIDA INC 5067 TAMIAMI TRIAL E NAPLES, FL 34113
3. The mailing address (if different):	
4. Date of incorporation/qualification:	1/29/99 Document number: N 990 0000060
5. The name and street address of the cu Florida Department of State:	rrent registered agent and registered office on file with the
(if changed): — PlatiNUM — 1016 Cold	TRIAL E
The street address of its registered offi as changed will be identical.	ce and the street address of the business office of its registered agent,
X ROSENTO AL SY (Signature of an officer of director)	gistered agent and agree to act in this capacity.  Position of all statutes relative to the proper and complete performance at a change in the registered of the change.  Which is the proper and complete performance and accept the obligation of my position as registered agent. Or, if this ct a change in the registered office address. I hereby confirm that the ag of this change.  When 12,2007  (Date)
(Typed or Printed Name)	

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