

104000149713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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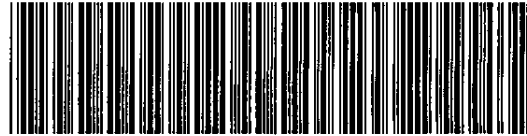
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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C.COULLIETTE

DEC 01 2011

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SELECT REALTY ASSOCIATES, INC  
Name of Corporation

**DOCUMENT NUMBER:** P04000149713

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:

ANTHONY L. MIHALOVICH  
Name of Contact Person



SELECT REALTY ASSOCIATES, INC.  
Firm/Company

621 CAPE CORAL PKWY E, SUITE 7  
Address

CAPE CORAL, FL 33904  
City/State and Zip Code

tonymih1@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTHONY L. MIHALOVICH at ( 239 ) 770-8717  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 22, 2011

ANTHONY L. MIHALOVICH  
SELECT REALTY ASSOCIATES, INC.  
621 CAPE CORAL PKWY E., STE 7  
CAPE CORAL, FL 33904

SUBJECT: SELECT REALTY ASSOCIATES, INC.  
Ref. Number: P04000149713

We have received your document for SELECT REALTY ASSOCIATES, INC. 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 designation of the registered agent must be at a Florida street address.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

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) 245-6903.

Cheryl Coulliette  
Regulatory Specialist II

Letter Number: 311A00026398

RECEIVED

11 NOV 30 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Select Realty Associates, Inc.  
2. The principal office address: 621 Cape Coral Pkwy E, Suite 7, Cape Coral, FL 33904

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/29/2004 Document number: P04000149713

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)

Eric A. Shelman

621 CAPE CORAL PKWY E, SUITE 7

CAPE CORAL, FL 33904

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

Anthony L. Mihalovich

621 Cape Coral Pkwy E, Suite 7

P.O. Box NOT acceptable

CAPE CORAL, FL 33904

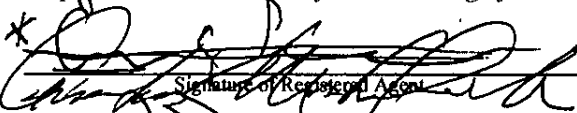
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

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 of Registered Agent

SECRETARY  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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

CR2E045 (8/05)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
NOV 30 AM 12:00