## NO2725

(Requ	uestor's Name)	
(Addr	ess)	
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(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
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(Docu	ıment Number)	
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06/30/14--01013--015 \*\*35.00

C. LEWIS JUL 1 6 2014 EXAMINER

## **COVER LETTER**

Division of Corporations
SUBJECT: Granada Villas Homeowner's Association, In
DOCUMENT NUMBER: NO2725
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:
Jelicia Almonte Name of Contact Person
Associa Community Management Professionals  Firm/Company  4700 Millenia Blud Ste. 515  Address
4700 Millenia Dlud Ste. S13
City/State and Zip Code  Falmonte @ Community-mgmt.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    A   Code & Daytime Telephone Number   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

statement of change is submitted for a corporation organized under the laws of the State of 107194
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Granada Villas Homeowners Association, Inc
2. The principal office address: 4700 Milleria Blvd Ste # 515
Drlando, 4L 32839
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 4-25-84 Document number: No2725
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)
House of Management Enterprises for &
Community Associations Inc. 3
5756 S. Semoran Blud, Orlando, FL. 32822=
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Associa Community Management Professionals
4700 Milleria Blud. Ste. 515
Orlando 1 P.O. Box NOT acceptable 32839
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.
FRESIDENT GUHOA 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 Registrated Agent Date
If signing on behalf of an entity:
Typed or Printed Name

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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