

ND16439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

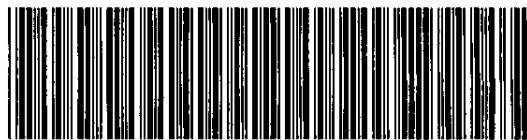
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VILLA POINTE HOMEOWNERS' ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N26439

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:

David Klein
Name of Contact Person
Milberg Klein PL
Firm/Company
5550 Glades Road, Suite 500
Address
Boca Raton, FL 33431
City/State and Zip Code

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

For further information concerning this matter, please call:

David Klein at (561) 244-9461
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

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: VILLA POINTE HOMEOWNERS' ASSOCIATION, INC
- 2. The principal office address: INFINITY COMMUNITY MANAGEMENT, INC.
5350 10TH AVE. N, SUITE 2, Greenacres, FL 33431
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 5/13/1988 Document number: N26439

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)

Dicker Krivock Stoloff PA
1818 Australian Avenue South, 400
West Palm Beach, FL 33401

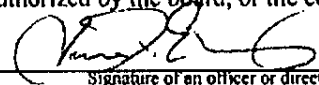
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Milberg Klein PL
5550 Glades Road, Suite 500
P.O. Box NOT acceptable
Boca Raton, FL 33431

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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.

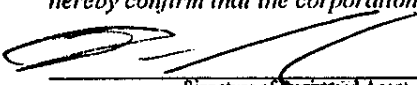


Signature of an officer or director

JAMES D. KLOBBERY - Vice 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

12-8-14

Date

If signing on behalf of an entity:

David Klein

Typed or Printed Name

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