

N 16000002435

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 31 PM 12:05

Requester's Name
Villas at Island Club
C/O M.D. Services, Inc.
P.O. Box 422304
Kissimmee, FL 34742-2304
City/State

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #) 100003342321--0
-08/01/00--01070--020
*****35.00 *****35.00

4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Chg.
RA [Signature]
V. SHEPARD AUG 8 2000

Examiner's Initials

02/08/1996 16:04 4073968447

M.D. SERVICES, INC.

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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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Villas at Island Club Condominium Association, Inc
2. The mailing address of the corporation: PO Box 422304
Kissimmee FL 34742
3. Date of incorporation/qualification: May 14, 1997 Document number: A96000002455
4. The name and address of the current registered agent and registered office:
Sentry Management
2180 State Rd. 434 W Ste 5000
Longwood FL 32779-5044
5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
M.D. Services, Inc
2777 Poinciana Blvd.
Kissimmee FL 34746

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.

Angela F.P.M. Janusheske
(Signature of an officer, chairman or vice chairman of the board)

July 26th 2000
(Date)

ANGELA F.P.M. JANUSHESKE DIRECTOR
(Printed or typed name and title) SECRETARY.

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Thomas Daru
(Signature of Registered Agent)

7/27/00
(Date)

If signing on behalf of an entity:

THOMAS DARU V. Pres.
(Typed or Printed Name) M.D. SERVICES, INC.
(Capacity)

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

CR2E043(5/99)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314

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