## N98000005908

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SECRETARY OF SHAPE

R.A. Charg C.COULLIETTE

OCT 27 2009

**EXAMINER** 

## **COVER LETTER**

Amendment Section Division of Corporations TO: Villa Borghese Homeowners Association, Inc.
Name of Corporation SUBJECT: N98000005908 DOCUMENT NUMBER:\_\_ 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: For further information concerning this matter, please call:

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 cha	ange is submitted for a co	orporation organized	107.1508, or 617.1508, Flo I under the laws of the Stat I agent, or both, in the State	e of Florida
			neowners Associat e, Delray Beach, FL 3	
2. The principal				
3. The mailing a	address (if different): <u>C/C</u>	Castle Manage	ment, P.O. Box 5590	09, Ft. Lauderdale, FL 3
4. Date of incor	poration/qualification:	10/15/1998	_ Document number:	N98000005908
	d street address of the cur trment of State: (If resign		t and registered office on fi	le with the
	Gerstin, Joshua, E	sq.		
	1499 West Palmet	to Park Road #4	12	
	Boca Raton, FL 33	486		
6. The name and (if changed):	I street address of the nev	v registered agent (if	changed) and /or registere	d office 170 69 071
	Brough, Chadrow 8	& Levine, P.A.		
	1900 North Comme		···	
	Weston, FL 33326	P.O. Box NOT acc	epcaore	81.5
The street addre	ess of its registered officate be identical.	e and the street add	ress of the business office	of its registered agent,
Such change was	s authorized by resoluti se board, or the corporat	on duly adopted by ion has been notifie	its board of directors or b	oy an officer so
Theelew	e of an officer or director		HERBERT JARE	cki
hereby accept further agree to f my duties, and locument is bein	the appointment as regi	i accept the objigati t a change in the re	gree to act in this capacity relative to the proper and ion of my position as regis gistered office address, I i	incline i complete performance stered agent. Or, if this hereby confirm that the
			10/19/0	9
	fature of Registered Agent		Date	<del></del>
- •	nalf of an entity:			
	Scott J. Levine ped or Printed Name			

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