

N0400000 1997

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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ ` Certificate	s of Status
Special Instructions to	Filing Officer:	
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	Office Use Or	nlv



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

Division of Corporations
SUBJECT: Capri at Lavina HOA, Inc. (Name of Corporation)
DOCUMENT NUMBER: NO400001997
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:
Lilly Burnside (Name of Contact Person)
Reliable Property Managers (Firm/Company)
4250 Alafaya Tr. Suite 212-345 (Address)
Oviedo, FL 32765
(City/State and Zip Code)
For further information concerning this matter, please call:
Lilly Burnside at (407) 971-3755 (Name of Contact Person) (Area Code & Daytime Telephone Numb
(Allow Code & Daytine Telephone Numb

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

TO:

Amendment Section

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: Capri at Lavina Homeowners Association,	TN
2. The principal office address: 4250 Alafaya Tr. Suite 212-345	
Oviedo, FL 32765	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 2/25/04 Document number: N0400001997	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	
Community Management Professionals	
5401 S. Kirkman Road, Suite 450	,
Orlando, FL 32819	1
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Lilly Burnside	
Reliable Property Managers	
(P.O. Box NOT acceptable)	
4250 Alafaya Tr. Suite 212-345 Oviedo, FL 32765	
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) (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) 08/04/06 (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)