

1102000002729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

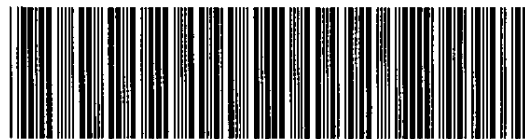
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Casabella Homeowners Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N02000002729

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 Hoffman

Name of Contact Person

Omega Community Management, Inc.

Firm/Company

3270 Suntree Boulevard, Suite 216

Address

Melbourne, Florida 32940

City/State and Zip Code

dhoffman@omegacommunitymanagement.com

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

For further information concerning this matter, please call:

David Hoffman

Name of Contact Person

at ( 321 ) 757-7902

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

RECEIVED  
12 NOV -2 AM 9:01  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 2, 2012

DAVID HOFFMAN  
OMEGA COMMUNITY MANAGEMENT, INC.  
3270 SUNTREE BOULEVARD, SUITE 216  
MELBOURNE, FL 32940 US

SUBJECT: CASABELLA HOMEOWNERS ASSOCIATION, INC.  
Ref. Number: N02000002729

We have received your document for CASABELLA HOMEOWNERS ASSOCIATION, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6820.

Rebekah White  
Regulatory Specialist

Letter Number: 712A00026827

RECEIVED  
12 NOV 13 AM 8:57  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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: Casabella Homeowners Association, Inc.
2. The principal office address: 3270 Suntree Boulevard, Suite 216  
Melbourne, Florida 32940
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 4-11-2012 Document number: N02000002729
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)

Martinson, Richard

3238 Cappio Drive

Melbourne, Florida 32940

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

Omega Community Management, Inc.

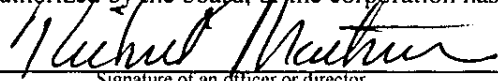
3270 Suntree Boulevard, Suite 216

P.O. Box NOT acceptable

Melbourne, Florida 32940

The street address of its registered office and the street address of the business office of its new registered agent, as changed will be identical.

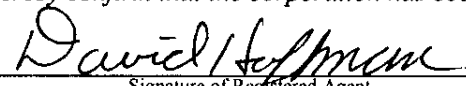
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Director / 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

11-1-2012

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

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12 NOV 15 PM 2:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA