

711143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

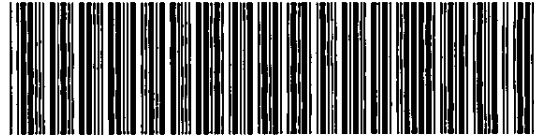
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/06/14--01004--020 **35.00

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2014 JUN -6 PM 4:02
ST. JOHN OF STATE
TALLAHASSEE, FLORIDA

DDR
6/18/14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Villa Navarra Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 711143

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:

Bridget Spence

Name of Contact Person

Casey Condominium Management, LLC

Firm/Company

4370 S. Tamiami Trail, Suite 102

Address

Sarasota, FL 34231

City/State and Zip Code

bspence@caseymanagement.com

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

For further information concerning this matter, please call:

Bridget Spence

Name of Contact Person

at (941) 922-3391

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

1. The name of the corporation: Villa Navarra Association, Inc.
2. The principal office address: 4370 S. Tamiami Trail, Suite 102
Sarasota, FL 34231
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/30/1966 Document number: 711143

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)

Holpp, AL
4846 Higel Avenue
Sarasota, FL 34242

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

Casey Condominium Managment
4370 S. Tamiami Trail, Suite 102
Sarasota, FL 34231

P.O. Box NOT acceptable

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.

Bridget Spence
Signature of an officer or director

Bridget Spence
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.

Bridget Spence
Signature of Registered Agent

5-28-14
Date

If signing on behalf of an entity:

Bridget Spence
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 (03/12)

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