

727712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800188425448

12/15/10--01008--010 **35.00

FILED

11 FEB 10 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PAch9
DE
2/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Porto Fino Gardens Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 727712

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:

GARY BUDD, AGENT
Name of Contact Person

CREST MANAGEMENT GROUP, INC.
Firm/Company

6413 CONGRESS AVE., STE. 200
Address

BOCA RATON, FL 33487
City/State and Zip Code

CCOOPER@CRESTMANAGEMENTGROUP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GARY BUDD, AGENT at (561) 994-2334
Name of Contact Person 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 30, 2010

GARY ~~BOND~~ **BUPP**
CREST MANAGEMENT GROUP, INC.
6413 CONGRESS AVENUE #200
BOCA RATON, FL 33486

SUBJECT: PORTO FINO GARDENS ASSOCIATION, INC.
Ref. Number: 727712

We have received your document for PORTO FINO GARDENS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

THE ABOVE ENTITY IS A FLORIDA CORPORATION, NOT AN ALIEN BUSINESS ORGANIZATION. THE WRONG FORM HAS BEEN SUBMITTED.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 210A00030207

RECEIVED
11 FEB 10 PM 2:06
SECRETARY OF STATE
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: PORTO FINO GARDENS ASSOCIATION, INC
2. The principal office address: 6413 CONGRESS AVE, SUITE 200
BOCA RATON, FL 33487
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: _____ Document number: 727712

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)

RATLIFF, CARY L.
700 S.E. 2ND AVE., #415
DEERFIELD BEACH, FL 33441

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

GARY BUDD, AGENT
CREST MANAGEMENT GROUP, INC.
P.O. Box NOT acceptable
6413 CONGRESS AVE, STE. 200, BOCA RATON, FL 33487

FILED
11 FEB 10 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Carol Leonardis
Signature of an officer or director

CAROL LEONARDIS, 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.

Gary Budd
Signature of Registered Agent

1/18/11
Date

If signing on behalf of an entity:

Gary Budd
Typed or Printed Name

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