739663

(Requestor's Name)	_
(Address)	—
74.11	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Dusiness Estitutions)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	ŀ
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SECRETARY OF SHALL

R.A. Charge C.COULLIETTE OCT 0 6 2009

EXAMINER

COVER LETTER

то:	Amendmen Division of	t Section Corporations	,					
SUBJECT: Villa Grande I Condominium Assoc. Name of Corporation								
DOCU	JMENT NU	MBER:	73966	3				
The er	closed State	nent of Change of Regis	tered Office/Agent	and fee are submi	tted for filing.			
Please return all correspondence concerning this matter to the following:								
				J				
			Susan M. Kase	e				
	•	N	ame of Contact Per	rson				
		American	Condominium N	Management				
			Firm/Company					
		615 C	ne Coral Blue	W #103				
		013 Ca	ape Coral Pkwy. Address	VV. #103	· · · · · · · · · · · · · · · · · · ·			
		Ca	ape Coral, FL 33	3914				
Cape Coral, FL 33914 City/State and Zip Code								
		emkm	gmt@embarqma	ail com				
	_	E-mail address: (to be	used for future ar	nual report notif	fication)			
				•	·			
For fu	ther informa	tion concerning this mat	ter, please call:					
		Susan M. Kase	at (239	542-4404			
		e of Contact Person	aı (rea Code & Dayti	542-4404 me Telephone Number			
Enclos	ed is a \$35.0	O check made payable to	the Department of	State.				
		Mailing Address: Amendment Section Division of Corpo		Street Address: Amendment So Division of Co	ection			
		P.O. Box 6327		Clifton Buildin	•			
		Tallahassee, FL 3	2314	2661 Executiv Tallahassee, F	e Center Circle L 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 Grande I C	Condominium Association	, Inc.				
2. The principal	office address: c/o Rossman Prop	perty Management					
1104 SE 4	6th Lane #2, Cape Coral, FL 3	3904	,				
3. The mailing a	ddress (if different): (same)						
4. Date of incorp	739663						
	I street address of the current registered rement of State: (If resigned, enter resigned)	dagent and registered office on file with ned)	h the				
	Michelle Rossman		<u>ુર્</u> કાજ ૦ .				
	c/o Rossman Property Manag	ement	09 06				
	1104 SE 46th Lane #2, Cape	Coral, FL 33904	1-5				
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):							
	Susan M. Kase		95 35				
	c/o American Condominium Management						
		NOT acceptable					
	615 Cape Coral Pkwy. W. #10	03, Cape Coral, FL 33914					
=		et address of the business office of its					
Such change wa authorized by the	as authorized by resolution duly adop he board, or the corporation has been	ted by its board of directors or by an notified in writing of the change.	officer so				
Michell	le of an officer or director	Michelle Rossman, Printed or typed name and titl					
I further agree of my duties, an document is bei	the appointment as registered agent to comply with the provisions of all s ad I am familiar with and accept the c ing filed merely to reflect a change in s been notified in writing of this chan	tatutes relative to the proper and com bligation of my position as registered the registered office address. I hereb	plete performance I agent. Or, if this y confirm that the				
Dues	Duan In Jan 10/1/2009						
Sig	nature of Registered Agent	Date					
If signing on be	chalf of an entity:						
	Susan M. Kase yped or Printed Name						

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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