

746366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
STATE OF NEW YORK

C. LEWIS  
AUG 29 2014  
EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** COUNTRY CLUB VILLAS TOWNHOMES CONDOMINIUM ASSOCIATION, INC  
Name of Corporation

**DOCUMENT NUMBER:** 746366

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:

**JOHN C ALEXANDER**

Name of Contact Person

COUNTRY CLUB VILLAS TOWNHOMES CONDOMINIUM ASSOCIATION, INC

Firm/Company

**20501 NW 15 AVENUE**

Address

**MIAMI GARDENS, FLORIDA 33169**

City/State and Zip Code

**cclubvillas@gmail.com**

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

For further information concerning this matter, please call:

**John C Alexander**

Name of Contact Person

at ( **305** ) **322-9475**

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: Country Club Villas Townhomes Condominium Association, Inc  
2. The principal office address: 20501 NW 15 Avenue, Miami Gardens, FL 33169

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 3/21/79 Document number: 746366

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)

Mary DeGraff

20605 NW 15 Avenue

Miami Gardens, Florida 33169

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

John C Alexander

20501 NW 15 Avenue

P O Box NOT acceptable

Miami Gardens, Florida 33169

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.

*John Alexander*

Signature of an officer or director

John C Alexander, 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.*

*John Alexander*

Signature of Registered Agent

8/20/2014

Date

If signing on behalf of an entity:

John C Alexander, President

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)

14 AUG 25 AM 11:04

RECEIVED  
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