

748367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

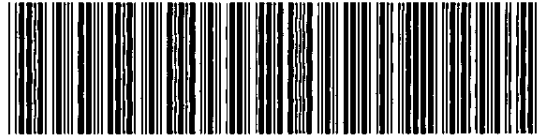
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RAON
2/26/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Villas Homeowners Association, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 748367

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:

Phyllis J. Graham
(Name of Contact Person)

Milestone Management of Tallahassee
(Firm/Company)

1575 Lee Avenue
(Address)

Tallahassee, FL 32303
(City/State and Zip Code)

For further information concerning this matter, please call:

Phyllis J. Graham at (850) 264-3324
(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

February 10, 2009

PHYLLIS J. GRAHAM
1575 LEE AVENUE
TALLAHASSEE, FL 32303

SUBJECT: VILLAS HOMEOWNERS' ASSOCIATION, INC.
Ref. Number: 748367

We have received your document for VILLAS HOMEOWNERS' 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):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 409A00004681

**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: Villas Homeowners Association, Inc.
2. The principal office address: ~~P.O. Box 3481~~ 1515 Lee Avenue
Tallahassee, FL ~~32315-3481~~ 32303
3. The mailing address (if different): P. O. Box 3481
Tallahassee, FL 32315-3481
4. Date of incorporation/qualification: 08/06/1979 Document number: 748367
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)

Leann Sbordone

3968 N. MONROE STREET

TALLAHASSEE FL 32303 US

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

Phyllis J. Graham, Milestone Mgmt of Tallahassee

1575 Lee Avenue

(P.O. Box NOT acceptable)

Tallahassee, FL 32303

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.

Curtis Tyre

(Signature of an officer or director)

Curtis Tyre, 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.

Phyllis J. Graham

(Signature of Registered Agent)

1/22/09

(Date)

If signing on behalf of an entity:

Milestone Management of Tallahassee

(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 (8/05)

RECEIVED
2009 FEB 24 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Phyllis Graham
1/22/09

FILED
09 FEB 24 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA