

750 809

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

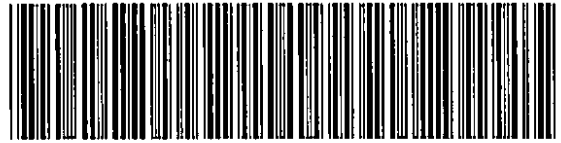
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

SEP 20 10

AMC

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Casa Verano Condominium Assoc.  
Name of Corporation

**DOCUMENT NUMBER:** 750809

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:

William Lobb

Name of Contact Person

First Choice Property Mgmt Group

Firm/Company

1489 W. Palmetto Park Rd., Ste 500

Address

Boca Raton, FL 33486

City/State and Zip Code

wlobb@fcpmginc.com

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

For further information concerning this matter, please call:

William Lobb

Name of Contact Person

at ( 561 ) 910-5794

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

September 7, 2018

WILLIAM LOBB  
1489 W PALMETTO PARK RD STE 500  
BOCA RATON, FL 33486

SUBJECT: CASA VERANO CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: 750809

We have received your document for CASA VERANO CONDOMINIUM 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 registered agent must sign accepting the designation.

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) 245-6050.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 818A00018567

RECEIVED  
18 SEP 20 AM 11:41  
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: Casa Verano Condominium Association
2. The principal office address: c/o First Choice Property Mgmt Group  
1489 W. Palmetto Park Rd., Ste. 500 Boca Raton, FL 33486
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 01/25/1980 Document number: 750809
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)

Whynot, Garfinkel

300 N. Maitland Ave.

Maitland, FL 32751

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

Philip Croyle, PA

370 Camino Gardens Blvd., Ste 300

P.O. Box NOT acceptable

Boca Raton, FL 33432

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.

B. Kelley  
Signature of an officer or director

B. KELLEY 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.*

[Signature]  
Signature of Registered Agent

September 17, 2018  
Date

If signing on behalf of an entity:

Philip J. Croyle  
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

CR2B045 (03/12)

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2018 SEP 20 P 4:14  
TALLAHASSEE, FLORIDA

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