751728

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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R.A. Chonge C.COULLIETTE

DEC 082008

EXAMINER

COVER LETTER

SUBJECT: Villas of Village Green Property Owners' Association, Inc. (Name of Corporation)		
DOCUMENT NUMBER: 751728		
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:		
EUZABETH BOWAN (Name of Contact Person)		
(Name of Contact Person)		
Pross, EARLE & BOWAN, P.A. (Firm/Company)		
759 S FEDERAL HWY #212- (Address)		
STVAZT, FL 34997 (City/State and Zip Code)		
For further information concerning this matter, please call:		
CLISA BETH BONAN at (772) 287-1745 (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

- CR2E045 (8/05)

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Amendment Section Division of Corporations

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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.
The name of the corporation: Villas of Village Green Property Owners' Association, Inc.
2. The principal office address: 1487 SE Colchester Circle, Port St. Lucie, FL 34952
3. The mailing address (if different): same
4. Date of incorporation/qualification: 03/26/1980 Document number: 751728
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)
Becker & Poliakoff, P.A., Mary R. Harvey, Esq.
1850 Fountainview Blvd, Suite 103
Port St. Lucie, FL 34986
6. The name and street address of the new registered agent (if changed) and /or registered of the first (if changed):
Elizabeth P. Bonan, Esquire
759 S Federal Highway, Suite 212 (P.O. Box NOT acceptable)
Stuart, FL 34994
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.
Mythan diller or director) Mythan Month of the Manual title) Mythan Month of the Manual title of the Man
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 of Registered Agent) 12/2/66 (Date)
If signing on behalf of an entity:
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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