

755/39

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

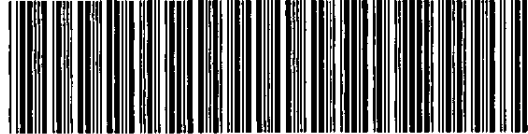
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

Rachana

SEP 22 2015

D CUSHING

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: REGISTERED AGENT NAME & ADDRESS  
Name of Corporation

DOCUMENT NUMBER: 755139 (WILLOW WOOD CONDO III, ASSOC INC.)

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:

FRANK TUCCI

Name of Contact Person

EXCEL PROPERTY MGT

Firm/Company

6895 WILLOW WOOD DR #1011

Address

BOCA RATON FL 33434

City/State and Zip Code

frank@excelpropertymgt.com

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

For further information concerning this matter, please call:

FRANK TUCCI

Name of Contact Person

at ( 561 ) 876-3107

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

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 26, 2015

FRANK TUCCI  
EXCEL PROPERTY MGT  
6895 WILLOW WOOD DR #1011  
BOCA RATON, FL 33434

SUBJECT: WILLOW WOOD MID-RISE CONDOMINIUM III ASSOCIATION,  
INC.  
Ref. Number: 755139

We have received your document for WILLOW WOOD MID-RISE  
CONDOMINIUM III 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 new registered agent listed must sign the registered agent acceptance  
statement. Please remove Audrey Brody and have Frank Tucci sign.

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.

Diane Cushing  
Senior Section Administrator

Letter Number: 015A00018082

RECEIVED  
15 SEP -8 PM 4:29  
DIVISION OF CORPORATIONS  
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: Willow Wood Mid-Rise Condominium III Association, Inc.  
2. The principal office address: 6895 Willow Wood Dr #1011  
Boca Raton FL 33434  
3. The mailing address (if different): PO Box 880408 Boca Raton FL 33408

4. Date of incorporation/qualification: 11/14/1980 Document number: 755139

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)

Backer, Keith  
The Arbor Suite 420  
400 S. Dixie Hwy Boca Raton FL 33432

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

FRANK TUCCI  
6895 Willow Wood Dr #1011  
P.O. Box NOT acceptable  
Boca Raton FL 33434

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TALLAHASSEE, FLORIDA

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.

Audrey Brody  
Signature of an officer or director

Audrey Brody Director  
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

9-4-15  
Date

If signing on behalf of an entity:

FRANK TUCCI  
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)