

75711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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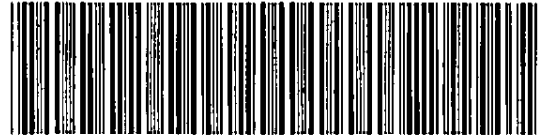
(Business Entity Name)

(Document Number)

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*R. White*  
R. WHITE  
FEB 28 2018

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lake VILLAS Q & R HOA, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 757180

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:

**Minetta Garay Gay**

Name of Contact Person

**Lake Villa Q&R HOA, Inc.**

Firm/Company

**4 Lake Villa Way**

Address

**Kissimmee, FL 34743**

City/State and Zip Code

**lakevillashoa@gmail.com**

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

For further information concerning this matter, please call:

**Minetta Garay Gay**

Name of Contact Person

**321 624-2009**

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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LAKE VILLAS Q AND R HOMEOWNERS ASSOCIATION, INC.

2. The principal office address: 4 LAKE VILLA WAYKISSIMMEE, FL 34743

3. The mailing address (if different):

4. Date of incorporation/qualification: 05/06/1981 Document number: 757180

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)

BARBARA CADY

2920 WINDING TRAIL

KISSIMMEE, FL 34746

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

Property Solutions Unlimited Inc.

22 N Orlando Ave

P.O. Box NOT acceptable

Kissimmee, FL 34741

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.

Jane Craig Signature of an officer or director

Jane Craig 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.

Minetta Garay Gay Signature of Registered Agent

2-1-2018 Date

If signing on behalf of an entity:

Minetta Garay Gay Typed or Printed Name

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