

757964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

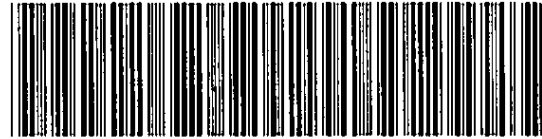
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2021 OCT 28 PM 6:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 28 2021
S. PRATHEP



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 5, 2021

MICHAEL FORTUNATO
9600 SHADOW WOOD LANE
CORAL SPRINGS, FL 33071

SUBJECT: SHADOW WOOD VILLAS ASSOCIATION, INC.
Ref. Number: 757964

We have received your document for SHADOW WOOD VILLAS ASSOCIATION, INC. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Officer/Director must also sign the Change of Registered Agent form.

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) 245-6051.

Stacy Prather
Regulatory Specialist III

Letter Number: 921A00024204

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SHADOW WOOD VILLAS ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: 57964

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:

Michael Fortunato

Name of Contact Person

Firm/Company

9600 Shadow Wood Lane

Address

Coral Springs, FL 33071

City/State and Zip Code

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

For further information concerning this matter, please call:

Michael Fortunato

Name of Contact Person

at (954)

224-1574

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Shadow Wood Villas Association, Inc.
2. The principal office address: P.O. Box 77-1722, Coral Springs, FL 33077
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/11/1981 Document number: 57964
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)

Carlos M. Barcia

450 shadow Wood Lane

Coral Springs, FL 33071

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

Michael Fortunato

9600 Shadow Wood Lane

P.O. Box NOT acceptable

Coral Springs, FL 33071

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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.

Michael Fortunato
Signature of an officer or director

Michael Fortunato, 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.

Michael Fortunato
Signature of Registered Agent

09/14/21

Date

If signing on behalf of an entity:

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 (04/13)