

761784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2019

PHOENIX MANAGEMENT SERVICES, INC.
4800 N. STATE ROAD 7
SUITE 105
LAUDERDALE LAKES, FL 33319

SUBJECT: VILLAS OF CAPRI HOMEOWNERS ASSOCIATION, INC.
Ref. Number: 761784

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE DOCUMENT MUST BE SIGNED BY AN OFFICER IN THE CORPORATION.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 419A00021598

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VILLAS OF CAPRI HOMEOWNERS ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: 761784

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:

Samuel Landol, Esq.

Name of Contact Person

Landol Law Firm, PA

Firm/Company

2101 NW Corporate Blvd., Ste 410

Address

Boca Raton, FL 33431

City/State and Zip Code

Sam@Landol-Law.com

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

For further information concerning this matter, please call:

Samuel Landol Jr.

Name of Contact Person

at (954) 406-2936

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

1. The name of the corporation: VILLAS OF CAPRI HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 2101 NW Corporate Blvd. Suite 410, Boca Raton, FL 33431

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/13/2002 Document number: 761784

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)

Kravitt Law, PA1801 MILITARY TRAILS SUITE 120, BOCA RATON, FL 33431

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

Landol Law Firm, PA

2101 NW Corporate Blvd. Suite 410, Boca Raton, FL 33431

P.O. Box NOT acceptable

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.

Vilma V. Orr
Signature of an officer or director

Vilma V. Orr
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. If, 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

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Date

If signing on behalf of an entity:

Samuel Landol, Jr.

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

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