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12/07/17--01024--015 **1695.00



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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.

. . .

I. The name of the corporation: Villas of Northdale Homeowners Association, Inc.

2. The principal office ac	dress: 17824 N. US Hwy 41, Lutz, FL 33549
3. The mailing address (f different):
4. Date of incorporation	qualification: 12/03/1982 Document number: 765972
	ddress of the current registered agent and registered office on file with the State: (If resigned, enter resigned)
Charl	es Evans Glausier
1801	N. Highland Avenue
Tamp	a, FL 33602
6. The name and street ad (if changed):	ddress of the new registered agent (if changed) and /or registered office
Charl	es Evans Glausier
400 N	I. Ashley Drive, Suite 2020
	P.O. Box. NOT acceptable
	a, FL 33602
The street address of its as changed will be ident	registered office and the street address of the business office of its registered agent, ical.
Such change was author authorized by the board	ized by resolution duly adopted by its board of directors of by an officer so or the corporation has been notified in writing of the change.
15/R2+54L, A	
- V	er of director
I further agree to comple performance of my dutie agent. Or, if this docum hereby confirm that the	nintment as registered agent and agree to act in this capacity. y with the provisions of all statutes relative to the proper and complete is, and I am familiar with and accept the obligation of my position as registered ent is being filed merely to reflect a change in the registered office address, I corporation has been notified in writing of this change.
(harles - + X	L (eDEL17
Signature of Re	gistered Agent Date
If signing on behalf of a	n entity:
Typed or Prin	ted Name
	* * * FILING FEE: \$35.00 * * *
MAIL TO: CR2E045 (03/12)	AAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314