

768206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

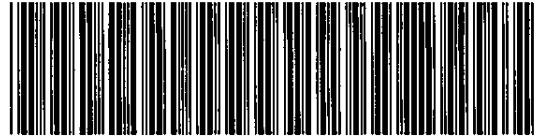
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Change

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2014 MAR 18 PM 1:04
"STATE OF FLORIDA"
TALLAHASSEE, FLORIDA

DR
3/19/14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Alpine Villas West Homeowners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 768206

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:

Tanyau Caiati

Name of Contact Person

Infinity Community Management, Inc.

Firm/Company

5350 10th Avenue N, Ste 2

Address

Greenacres, FL 33463

City/State and Zip Code

tanyau@infinitycommunitymgmt.com

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

For further information concerning this matter, please call:

Tanyau Caiati

Name of Contact Person

at (561) 721-9776

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: Alpine Villas West Homeowners Association, Inc.
2. The principal office address: 5350 10th Avenue North, Suite 2, Greenacres, FL 33463
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/02/1983 Document number: 768206
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)

Dicker, Krivok & Stoloff

1818 Australian Avenue S, Suite 400

West Palm Beach, FL 33409

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

Milberg Klein, P.L.

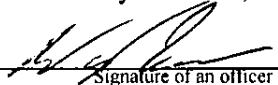
5550 Glades Road, Suite 500

P.O. Box NOT acceptable

Boca Raton, FL 33431

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.



Signature of an officer or director

Wesley Green, Vice 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.



Signature of Registered Agent

3-14-14

Date

If signing on behalf of an entity:

Typed or Printed Name

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