

769803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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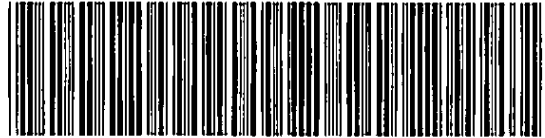
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

SEP 15 2022

S. PRATHER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Villas of Bonaventure at Bonaventure 25 Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 769803

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:

Steven S. Valancy

Name of Contact Person

Valancy & Reed, P.A.

Firm/Company

310 SE 13 Street

Address

Ft. Lauderdale, Florida 33316

City/State and Zip Code

general@myflalaw.com

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

For further information concerning this matter, please call:

Steven S. Valancy

Name of Contact Person

954 463-1600

at () 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 Bonaventure at Bonaventure 25 Condominium Association, Inc.
2. The principal office address: c/o Phoenix Management Services, Inc. 7680 Nob Hill Road, Tamarac, FL 33321

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/11/1983 Document number: 769803

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)

Brough, Chadrow & Levine
1900 N. Commerce Parkway
Weston, FL 33326

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

Valancy & Reed, P.A.
310 SE 13 Street
P.O. Box NOT acceptable
Fort Lauderdale, Florida 33316

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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.




Signature of an officer or director

Arthur Gerson - 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

06-15-22

Date

If signing on behalf of an entity:

Steven S. Valancy

Typed or Printed Name

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