770016

/m
. (Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Chyroaco Zipri Note II)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600023203016

09/26/03--01021--012 **35.00



9/30

TRANSMITTAL LETTER

Wekiva Villas on the Green Condominium Association, Inc. (Name of corporation) DOCUMENT NUMBER: 770017 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: Linda J. Jarvinen (Name of person) Coldwell Banker Commercial NRT (Name of firm/company) 668 N. Orlando Avenue, Suite 105 (Address) Maitland, FL 32751 (City/state and zip code) For further information concerning this matter, please call: Linda J. Jarvinen 407 539-1000 x 120 (Area code & daytime telephone number) (Name of person) Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399 Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

TO:

Amendment Section Division of Corporations

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	ne provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
	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.	f the corporation: Wekiva Villas Community Service Association, Inc. 😓 🙃 🙃
	al office address: 668 N. Orlando Avenue, Suite 105, Maitland, FL 32751
2. The principa	If office address: Oco 14. Official Vivinae, Care 100, Maradita, 12 02/01
3. The mailing	address (if different):
4. Date of inco	rporation/qualification: 8/29/83 Document number: 770016
	nd street address of the current registered agent and registered office on file with the
Florida Depa	artment of State:
	Morbitzer, Margaret L.
	668 N. Orlando Avenue, Suite 105
	Maitland, FL 32751
6. The name a	and street address of the new registered agent (if changed) and /or registered office (if
changed):	Webb, Robin L.
	668 N. Orlando Avenue, Suite 105 (P.O. Box or personal mailbox NOT acceptable)
	Maitland, FL 32751
The street addingent, as change	ress of its registered office and the street address of the business office of its registered ged will be identical.
Such change w	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
authorizeday	(1) Fare of Times let Take President
(Signature of an office	(Printed or typid name and title)
I hereby accep I further agree	of the appointment as registered agent and agree to act in this capacity. The to comply with the provisions of all statutes relative to the proper and complete the Green of my duties, and I am familiar with and accept the obligation of my position as one. Or, if this document is being filed merely to reflect a change in the registered could be Associated to the corporation has been notified in writing of this change.
registered age	of the definite that the comparation has been writing in writing of the registered Codo Asset
ojjice dadyessi	2 hereby configure that the corporation has been notified in withing by this change.
-10	(Signature of Registered Agent) (Date)
If signing on behi	alf of an entity:
<u> </u>	(Typed or Printed Name) (Capacity)

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