

NO1091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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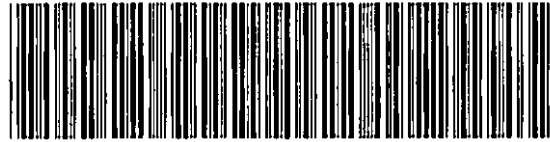
(Business Entity Name)

(Document Number)

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2021 OCT 20 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Villas of Lake Arbor Community Association, Inc.  
Name of Corporation

DOCUMENT NUMBER: NO1091

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:

Kelly Moran  
Name of Contact Person

Resource Property mgmt.  
Firm/Company

28100 US Hwy 19 N. Suite 200  
Address

Clearwater, FL 33761  
City/State and Zip Code

kmoran@resourcepropertymgmt.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly Moran at (727) 796-5900 ext. 2110  
Name of Contact Person 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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 Lake Arbor Community Association, Inc  
2. The principal office address: 7300 Park Street  
Seminole, FL 33777

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 1/25/84 Document number: NO1091

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)

Sentry mgmt Inc  
2180 West SR 434 Suite 5000  
Longwood, FL 32779

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

Steven A. Mezer, Esq.  
1511 N. Westshore Blvd Suite 1000  
Tampa, FL 33607

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.

[Signature]  
Signature of an officer or director

Tim Adams (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]  
Signature of Registered Agent

8/27/2021  
Date

If signing on behalf of an entity:

STEVEN H. MEZER  
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  
CR2E045 (04/13)

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2021 OCT 20 AM 8:30

SECTION OF STATE  
TALLAHASSEE, FL