NO200007314

(Requestor's Name)						
(Ad	ldress)					
(Ad	ldress)					
(110	idi050)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
	oiness Entity No.					
(Bu	isiness Entity Nar	nej				
(Document Number)						
Certified Copies	Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:					

Office Use Only



600261374756

06/19/14--01013--006 **35.00

14 JUH 19 KH 10: 49

JUL 0.7 2014 C. CARROTHERO



Andrew S. Provost, Esq. Attorney at Law

Phone: (239) 552-3200 Fax: (239) 263-1633

aprovost@bplegal.com

4001 Tamiami Trail North Suite 410 Naples, Florida 34103

June 17, 2014

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re: Villages at Stella Maris Condominium Assoc 2100, Inc.; Document No.:

N02000007314

To Whom It May Concern:

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above-referenced Association. Also enclosed please find check number 000504 in the amount of \$35.00 to cover the cost of filing.

Thank you for your attention to this matter.

Very truly yours,

Andrew S. Provost

For the Firm

ASP/jcm

Enclosure (as stated)

ACTIVE: 5868270_1

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

statement of chan	rovisions of sections 60 ge is submitted for a co	rporation organize	ed under the laws o	f the State of _	Florida	
in order	to change its registered	l office or registere	d agent, or both, it	n the State of I	Torida.	
	e corporation: Village					_
2. The principal of	ffice address: CHANG	GE TO: c/o Res	ort Manageme	nt, 815 Bal	d Eagle Driv	'e,
		Marco	siand, Florida	34145		
3. The mailing ad	dress (if different): CH	IANGE TO: c/o	Resort Manag	ement, 815	Bald Eagle	Drive,
		Ma	rco Island, Flor	rida 34145		
4. Date of incorpo	oration/qualification:	09/23/2002	Document num	ıber:	1020000073	114
	street address of the cur ment of State: (If resign		_	ffice on file w	ith the	
	HART, JAMES W	JR			_	
	2180 WEST ST 43	4 STE 5000				
	LONGWOOD, FL	32779			_	
6. The name and (if changed):	street address of the nev	v registered agent (if changed) and /o	r registered of	fice	
	Becker & Poliakoff	, P.A.				
	4001 Tamiami Trai				_	
	Naples, FL 34103	P.O. Box NOT a	uveplable		_	
The street address as changed will l	s of its registered offic se identical.	e and the street ac	ldress of the busin	ess office of i	ts registered a	gent.
Such change was authorized by the	authorized by resolute board, or the corporat	ion duly adopted l tion has been notif	ny its board of direction writing of the state of the sta	ectors or by an	ı officer so	
Sagrication	of an officer or director		Pfinted o	a typed name and	itle	
of my duties, and document is bein	he appointment as reg o comply with the prov. I I am familiar with an op filed merely to reflect been notified in writing	d accept the obligate a change in the	ation of my position	on as register	ea agent. 🔾r, i	ij uus
Sign	anne of Registered Agent		6/17/14	Date		
It signing on bel	alf of an entity:		·			4 1
	drew S. Provost				, -	
Ту	ned or Printed Name	* * FILING FEE	: \$35.00 * * *		£	7.55 1.64
MA CR2E045 (8/05)	MAKE CHECKS I LIL TO: DIVISION OF CO		ida Department). Box 6327, Tall		32314	110: 49