

N030000006538

(Requestor's Name)

(Address)

(Address)

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@ 11/24/14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Artisan Club Condominium Association Inc
Name of Corporation

DOCUMENT NUMBER: 90-0162835

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:

John V. Calvert LCAM

Name of Contact Person

Artisan Club Condominium Association Inc

Firm/Company

52 Riley Road #417

Address

Celebration FL 34747

City/State and Zip Code

manager@artisanclubcondo.com

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

For further information concerning this matter, please call:

John V. Calvert LCAM

Name of Contact Person

at **407 566-4752**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 30, 2014

JOHN V. CALVERT
ARTISAN CLUB CONDOMINIUM ASSOCIATION INC
52 RILEY ROAD #417
CELEBRATION, FL 34747

SUBJECT: ARTISAN CLUB CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N03000006538

We have received your document for ARTISAN CLUB CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 714A00023237

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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: Artisan Club Condominium Association Inc
2. The principal office address: 1218 Stonecutter Blvd, Celebration FL 34747
3. The mailing address (if different): 52 Riley Road # 417 Celebration FL 34747
4. Date of incorporation/qualification: July 1, 2005 Document number: 90-0162835
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)

Leland Management Inc

6972 Lake Gloria Blvd

Orlando FL 32809

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

John V. Calvert, LCAM

Artisan Club Condominium Association Inc

52 Riley Road #417

P.O. Box NOT acceptable

Orlando F 34747

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.

Dianne L. Tosi
Signature of an officer or director

Dianne Tosi, 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

October 1, 2014

Date

If signing on behalf of an entity:

Artisan Club Condominium Association Inc

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

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