N0400000651

(Requestor's Name) (Address)					
(Address)					
) -	(City/State/Zip/Phone #)				
	(1.1)				
•	PICK-UP WAIT MAIL				
_					
(Business Entity Name)					
(Decreed Market)					
(Document Number)					
С	Certified Copies Certificates of Status				
	Special Instructions to Filing Officer:				
L					

Office Use Only



600342286136

05/08/20--01021--032 **35.00

FILED
2020161-1 PHP: 16

RA/RO)Ch8

MAY 1.8 2020 I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations	- · · · · · · · · · · · · · · · · · · ·
ž.	
SUBJECT: PALMA VISTA AT PALMA SOLA HOMEOWNE	RS' ASSOCIATION, INC.
Name of Corporation	TALL.
DOCUMENT NUMBER: N04000006651	
The enclosed Statement of Change of Registered Office/Age	nt and fee are submitted for filing.
Please return all correspondence concerning this matter to the	e following:
	-
CHARLIE TOKARZ	
Name of Contact Person	
c/o PALMA VISTA INVESTMENTS, LLC	
Firm/Company	
1651 WHITFIELD AVE, STE 200	
Address	
SARASOTA, FL 34243	
City/State and Zip Code	
charliet@medallionhome.com	
E-mail address: (to be used for future annual report noti	fication)
·	
For further information concerning this matter, please call:	
GEOFFREY JONSSON, ESQ. at (941 359-9000 Area Code & Daytime Telephone Number
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

Amendment Section

Street Address:

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)



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

•		ion organized under the laws of the State of $\frac{F}{}$ or registered agent, or both, in the State of F	
1. The name of t	the corporation: PALMA VISTA	AT PALMA SOLA HOMEOWNERS' ASSOC	IATION, INC.
2. The principal	office address: 1600 W COLONI	IAL DR ORLANDO, FL 32804	
3. The mailing a	ddress (if different):		
4. Date of incorp	ooration/qualification: 07/07/200	Document number: N0400000	6651
	I street address of the current regetment of State: (If resigned, enter	gistered agent and registered office on file wit er resigned)	h the
	THE MELROSE MANAGEMEN	NT PARTNERSHIP, L.L.C.	
	1600 W COLONIAL DR ORLA	NDO. FL 32804	2020 (1AX
6. The name and (if changed):	·	ered agent (if changed) and /or registered offi	2020 (1A) -1 PM 12: 18
			5
	1651 WHITFIELD AVE, STE 20	P.O. Box NOT acceptable	• •
The street address changed will	ess of its registered office and the identical.	he street address of the business office of its	registered agent.
		y adopted by its board of directors or by an observation of the change.	
	re of an officer or director	CARLOS M. BERUFF, PRESIDER Printed or is ped name and title	
I hereby accept I further agree to of my duties, an document is bei	the appointment as registered to comply with the provisions o d I am familiar with and accep	agent and agree to act in this capacity of all statutes relative to the proper and com to the obligation of my position as registered nge in the registered office address, I hereb	plete performance avent. Or. if this
Char	lead than	03/04/2020	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	yped or Printed Name		

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSIE, FL 32314 CR2E045 (04/13)

