

ND4000011523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

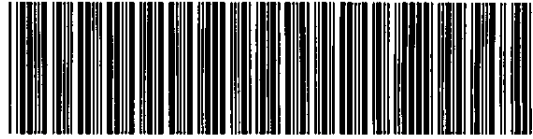
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

14 SEP -8 AM 11:39

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Chg*

SEP 11 2014

R. WHITE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 19, 2014

MARC BELLAPIANTU  
1410 PALM COAST PARKWAY N.W  
PALM COAST, FL 32137

SUBJECT: AVILA EL JARDIN CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N04000011523

We have received your document for AVILA EL JARDIN 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):

The form you submitted is for a Alien business organization, but your entity is a Florida not for profit corporation. Please complete and return the enclosed blank form(s).

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.

Rebekah White  
Regulatory Specialist II

Letter Number: 014A00017779

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14 SEP -8 PM 4:20  
DEPARTMENT OF STATE  
REGISTRY OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Avila EL Jardin Condominium Association, Inc  
Name of Corporation

DOCUMENT NUMBER: NO4000011523

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:

Marc Bellapianta  
Name of Contact Person

Watson Realty Corp.  
Firm/Company

1410 Palm Coast Parkway NW  
Address

Palm Coast, FL 32137  
City/State and Zip Code

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

For further information concerning this matter, please call:

Marc Bellapianta at ( 386 ) 246-9272  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Avila EL Jardin Condominium Association, Inc
2. The principal office address: 115 Calle EL Jardin St. Augustine, FL 32095
3. The mailing address (if different): PO Box 350492 Palm Coast, FL 32135
4. Date of incorporation/qualification: 12/10/2004 Document number: N04000011523
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)

Flagler Palm Coast Property Management, Inc
50 Leanni Way Suite B6
Palm Coast, FL 32137

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

Watson Realty Corp.
1410 Palm Coast Parkway NW
Palm Coast, FL 32137

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DIVISION OF STATE
TALLAHASSEE, FLORIDA

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.

James A. McAllister
Signature of an officer or director

James A. McAllister Vice 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

9/5/14
Date

If signing on behalf of an entity:

MARC BELLAPIANTA

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