

| (Requestor's Name)  (Address)                              |   |  |  |
|--|---|--|--|
| (Address)  | 9002891719  |  |  |
| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL                | 08/18/160100700   |  |  |
| (Business Entity Name)                                     | A   |  |  |
| (Document Number)  Certified Copies Certificates of Status | End<br>55.7<br>70.7<br>70.7<br>70.7<br>70.7<br>70.7<br>70.7<br>70.7 |  |  |
| Special Instructions to Filing Officer:                    |   |  |  |
|  |   |  |  |
| The MORISIAN   | 1/2 Ctg   |  |  |
|  | (1)   |  |  |



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SECREMENT OF JUNE 16 SEP -6 AH 10: 03

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SIEP 08 2016

A. WHILE



August 26, 2016

PETER M FEAMAN, ESQ 3695 WEST BOYNTON BEACH BLVD STE 9 BOYNTON BEACH, FL 33436

SUBJECT: VILLA RICA TOWN HOMES ASSOCIATION, INC.

Ref. Number: N04000011849

We have received your document for VILLA RICA TOWN HOMES 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):

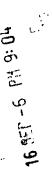
The registered agent must sign accepting the designation.

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: 316A00018246





## **COVER LETTER**

| TO:                                | Amendment Section Division of Corporations   |  |  |  |  |
|------------------------------------|--|--|--|--|--|
| STTR.                              | Villa Rica Town Homes Association, Inc.  |  |  |  |  |
| OUD                                | Name of Corporation  |  |  |  |  |
| DOC                                | N04000011849<br>UMENT NUMBER:  |  |  |  |  |
| The e                              | nclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. |  |  |  |  |
|                                    | return all correspondence concerning this matter to the following:                       |  |  |  |  |
|                                    | Peter M. Feaman, Esq.  |  |  |  |  |
|                                    | Name of Contact Person   |  |  |  |  |
|                                    | PETER M. FEAMAN, P.A.  |  |  |  |  |
| Firm/Company                       |  |  |  |  |  |
|                                    | 3695 West Boynton Beach Boulevard, Suite 9   |  |  |  |  |
| Address                            |  |  |  |  |  |
| Boynton Beach, FL 33436            |  |  |  |  |  |
| City/State and Zip Code            |  |  |  |  |  |
| pfeaman@feamanlaw.com              |  |  |  |  |  |
|                                    | E-mail address: (to be used for future annual report notification)                       |  |  |  |  |
|                                    | •  |  |  |  |  |
| For fu                             | rther information concerning this matter, please call:                                   |  |  |  |  |
| Peter M. Feaman, Esq. 561 734-5552 |  |  |  |  |  |
|                                    | Name of Contact Person Area Code & Daytime Telephone Number                              |  |  |  |  |
| Enclo                              | sed is a \$35.00 check made payable to the Department of State.                          |  |  |  |  |
|                                    | Mailing Address: Street Address: Amendment Section Amendment Section                     |  |  |  |  |
|                                    | Division of Corporations Division of Corporations  |  |  |  |  |
|                                    | P.O. Box 6327 Clifton Building   |  |  |  |  |
|                                    | Tallahassee, FL 32314 2661 Executive Center Circle                                       |  |  |  |  |

CR2E045 (03/12)

TO:



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

| statement of cha   | inge is submitted for a corporation organ   | ized under the laws of the State of Florida                                    | <u> </u>            |  |
|--|---|--|---------------------|--|
|  | Villa Bies Tour Homes A   | ered agent, or both, in the State of Florida<br>ssociation, Inc.               | ī.                  |  |
| 2. The principal   | 4420 Madhaart 5th America 9   |  |                     |  |
| 3. The mailing a   | ddress (if different): Same as above  |  |                     |  |
| 4. Date of incor   | poration/qualification: 12/21/2004  | Document number: N04000011849  |                     |  |
| 5. The name and  | •   | gent and registered office on file with the d)                                 |                     |  |
|  | Gerstin & Associates  |  | -                   |  |
|  | 40 Southeast 5th Street, Suite 610  |  | 18 S                |  |
| Boca Raton, FL 33432   |   |  |                     |  |
| 6. The name and (if changed):  | i street address of the new registered ager   | nt (if changed) and /or registered office                                      | -5 H                |  |
|  | Peter M. Feaman, P.A.   |  | 0: 02               |  |
| 3695 West Boynton Beach Boulevard, Suite 9   |   |  |                     |  |
| P.O. Box NOT acceptable  |   |  |                     |  |
|  | Boynton Beach, FL 33436   |  |                     |  |
|  |   | address of the business office of its regis                                    |                     |  |
| Such change was<br>authorized by the   | as authorized by resolution duly adopted<br>ne board, or the corporation has been not   | by its board of directors or by an officer<br>tified in writing of the change. | î SO                |  |
| _ Com  | made in Others or director  | Tammy Knipp, President  Printed or typed name and title                        |                     |  |
| I hereby accept<br>I further agree<br>performance of<br>agent. Or, if th<br>hereby confirm | the appointment as registered agent and to comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to reflect that the corporation has been notified in |  | gistered<br>ress, I |  |
| Sig  | nature of Registered Agent  | Date   | ,                   |  |
| If signing on be   | half of an entity:  |  |                     |  |
| Peter M. Feamar  | n, P.A.   |  |                     |  |
| T  | yped or Printed Name  |  | •                   |  |
|  | * * * FILING FE   | E: \$35.00 * * *   |                     |  |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)