

NO500000 6264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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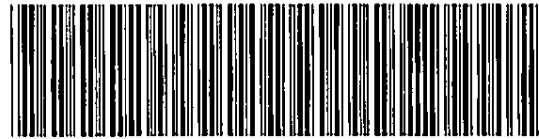
(Business Entity Name)

(Document Number)

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AUG 24 2018

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ALABAMA

18 AUG 22 PM 12:00

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Villas at Meadow Lakes Condominium Association, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 1105000006264

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

David L. Brough, Esquire
(Name of Contact Person)

Brough, Chadrow & Levine, P.A.
(Firm/Company)

2149 North Commerce Parkway
(Address)

Weston, Florida 33326
(City/State and Zip Code)

For further information concerning this matter, please call:

David L. Brough at (954) 384-0732
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$55.00 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, 607.1568, or 617.508, 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: Villas at Meadow Lakes Condominium Association, Inc
2. The principal office address: c/o Davenport Property MGMT, 6620 Lake Worth Road, Suite F, Lake Worth, FL 33467
3. The mailing address (if different): c/o Davenport Property MGMT, 6620 Lake Worth Road, Suite F, Lake Worth, FL 33467
4. Date of incorporation/qualification: 05/15/2005 Document number: N05000006264
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

Brough, Chadrow, & Levine

2700 S. Commerce Parkway

Weston, Florida 33331

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

Brough, Chadrow, & Levine, P.A.

2149 N. Commerce Parkway

(P.O. Box Not acceptable)

Weston, Florida 33326

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 Scala
(Signature of an officer or director)

James Scala Resident
(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. On, 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.

D. J. [Signature]
(Signature of Registered Agent)

8/20/18
(Date)

If signing on behalf of an entity:

(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

CR21045 (8.05)

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18 AUG 22 PM 12:00