

N 05000007944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

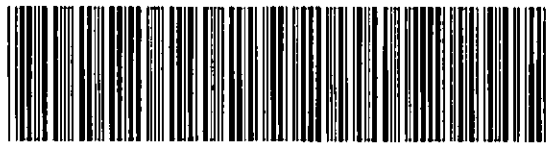
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2017 DEC -4 AM 10:21

C. GOLDEN

DEC - 5 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Villas Condominiums Inc.
Name of Corporation

DOCUMENT NUMBER: 05000007944

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:

Andrea Waller
Name of Contact Person

The Villas Condominiums
Firm/Company

10401 Cross Creek Blvd.
Address

Tampa, FL 33647
City/State and Zip Code

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

For further information concerning this matter, please call:

Andrea Waller at (813) 994-2006
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2017

ANDREA WALLER
10401 CROSS CREEK BOULEVARD
TAMPA, FL 33647

SUBJECT: THE VILLAS CONDOMINIUMS ASSOCIATION, INC.
Ref. Number: N05000007944

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

The current name of the entity is as referenced above. Please correct your document accordingly.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 117A00023130

RECEIVED
17 DEC -4 PM 2:02
DIVISION OF CORPORATIONS
TAMPA, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 30, 2017

ANDREA WALLER
10401 CROSS CREEK BOULEVARD
TAMPA, FL 33647

SUBJECT: THE VILLAS CONDOMINIUMS ASSOCIATION, INC.
Ref. Number: N05000007944

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The entity's date of incorporation/organization must be listed in the document.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 617A00021887

RECEIVED
17 NOV 13 AM 12:04
DIVISION OF CORPORATIONS
TAMPA, FL 33604

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

1. The name of the corporation: The Villas Condominiums Association, Inc.
2. The principal office address: 10401 Cross Creek Blvd.
Tampa, FL 33647
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/3/2005 Document number: W05000007944

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)

John Ramano
10401 Cross Creek Blvd.
Tampa, FL 33647

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

Andrea Waller
10401 Cross Creek Blvd.
Tampa FL 33647

P.O. Box NOT acceptable

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.

Maddolene Harangi
Signature of an officer or director

MADDOLENE HARANGI TREASURER
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.

Andrea Waller
Signature of Registered Agent

10/24/17
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