## N05000009839

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SECRETARY OF STATE
TALLAHASSEE

R.A.

DEC - 4 2009

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: VILLA Scarento of POLK Conty Homeonean Assoc Inc.
DOCUMENT NUMBER: NOSOOOO9839
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:
STEPHEN J. W 1L 301  Name of Contact Person
OK VACATION HOMES, RENTAIS & SALES INC.
6030 GRENTWATER De Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Steve Wicson at (863) 357 4238  Name of Contact Person 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 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 pr statement of chang in order to	ge is submitted fo		ganized under	the laws of the S	State of <u>F</u> L	61.194	la.
1. The name of the	corporation: <u>V</u>	ILLA SOGAL	ate of lo	lk (ounly	Homo	45604a	+10n
2. The principal of	fice address:	6030, 60	REATES at	11. Ja.			
3. The mailing add		<u> </u>					
4. Date of incorpo	ration/qualification	on:	Docu	ıment number: _			
5. The name and s Florida Departn		ne current registere resigned, enter resi		gistered office o	n file with the		
6. The name and s		Sen74y			stered office	2009 DEC -1 PM	
- -	5. 6030	J. WILSO  GREATURE P.O. BOX	te/ De NOT acceptable	34786	············	STATE	
The street address as changed will b	·				fice of its regi	istered agent,	,
Such change was authorized by the	authorized by re board, or the con of an officer or director	solution duly adorporation has been	pted by its bo i notified in w	ard of directors riting of the characteristics of the characteristics are the controlled and the controlled are the controlled	or by an officange.	er so	•
I hereby accept the I further agree to of my duties, and document is being corporation has being the Signal If signing on behalf	ure of Registered Age		natines retair obligation of n the registere nge.	we to the proper my position as r ed office address	and complete registered age s, I hereby con	perjormanc nt. Or, if thi. Ifirm that the	ξ 5
Villa Bocci	ed or Printed Name	)~<.					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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