

N 05000011314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

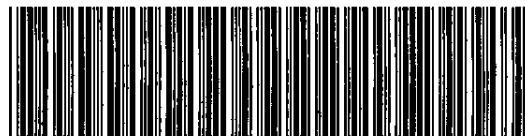
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Avanti Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N05000011314

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:

Bob Woods

Name of Contact Person

The CAM Team, Inc.

Firm/Company

1008 Park Avenue

Address

Orange Park FL 32073

City/State and Zip Code

avanti@agentlink.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bob Woods

Name of Contact Person

at (904) 278-2338

Area Code & Daytime Telephone Number

Enclosed is a \$5.00 check made payable to the Department of State.

RECEIVED

12 NOV 13 AM 8:50

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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 14, 2012

BOB WOODS
AVANDI CONDOMINIUM ASSOCIATION INC.
1008 PARK AVENUE
ORANGE PARK, FL 32073 US

SUBJECT: AVANTI CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N05000011314

We have received your document for AVANTI CONDOMINIUM ASSOCIATION, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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) 245-6820.

Rebekah White
Regulatory Specialist

Letter Number: 112A00027543

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DIVISION OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2012

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Rebekah White
Regulatory Specialist

Letter Number: 112A00027543

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

1. The name of the corporation: Avanti Condominium Association, Inc.
2. The principal office address: c/o The CAM Team, Inc.
1008 Park Avenue Orange Park FL 32073
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/4/2005 Document number: No5000011314
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)

May Management Services
5455 A1A South
St. Augustine FL 32080

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

Linda M. Woods
The CAM Team, Inc.
1008 Park Avenue
P.O. Box NOT acceptable
Orange Park FL 32073

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SECRETARY 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.

[Signature]
Signature of an officer or director

Paul B. [Signature] PRES. VENT
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

11/7/12
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
CR2E045 (03/12)