

N06 000004577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

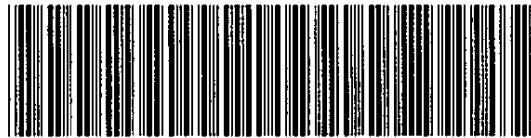
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000158462150

08/20/09--01003--007 **35.00

09 AUG 20 PM 2:46

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PA chg
0001
821



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2009

VILABELLA CENTRAL PARK CONDOMINIUMS
41 SE SEDONA CIRCLE
STUART, FL 34994

SUBJECT: VILABELLA CENTRAL PARK CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N06000004577

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Please return your check with a note stating what the money is intended for.

IF THE CHECK IS FOR FILING A CHANGE OF REGISTERED AGENT, THE
PROPER FORM IS ENCLOSED.

If you have any questions concerning the filing of your document, please call
(850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 009A00024459

RECEIVED
2009 AUG 18 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Vikabella Central Park
Name of Corporation

DOCUMENT NUMBER: NO6000004577

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:

Marlene Burgos
Name of Contact Person

Condominium Concepts Mgmt
Firm/Company

41 SE Sedona Circle
Address

Stuart FL 34994
City/State and Zip Code

mburgos@condominiumconcepts.mgmt
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marlene Burgos at 772 618-5370
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 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: Vilabelle Central Park Condominium Association
2. The principal office address: 41 SE Seaboard Circle
Stuart, FL 34994
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: _____

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)

Ross, Deborah
759 South Federal Highway
Ste. 212
Stuart FL 34994

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 AUG 20 PM 2:48

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

John S. Yudin Esq of Guy Yudin & Foster LLP
55 East Ocean Blvd S
P.O. Box NOT acceptable
Stuart FL 34994

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 of an officer or director

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

8-3-09
Date

If signing on behalf of an entity:

Typed or Printed Name

By [Signature] (John S. Yudin)

*** 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 (8/05)