

1106000011098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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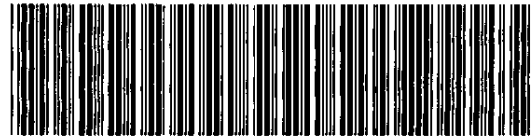
(Business Entity Name)

(Document Number)

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2011 SEP 29 AM 8:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PR Change  
9-30-11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** VILLA DI MARE CONDOMINIUM OWNERS ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N06000011098

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:

ANCHORS, MICHELLE  
Name of Contact Person

KEEFE, ANCHORS, GORDON & MOYLE  
Firm/Company

2113 LEWIS TURNER BLVD, SUITE 100  
Address

FORT WALTON BEACH, FL 32547 US  
City/State and Zip Code

MANCHORS@KAGMLAW.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANCHORS, MICHELLE at ( 850 ) 863-1974  
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 FL \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: VILLA DI MARE CONDOMINIUM OWNERS ASSOCIATION, INC.
2. The principal office address: C/O RDF ASSOCIATES, INC.  
29-C MIRACLE STRIP PARKWAY SW, FORT WALTON BEACH FL 32548
3. The mailing address (if different): PO BOX 2613, FORT WALTON BEACH FL 32549 US
4. Date of incorporation/qualification: 10/24/2006 Document number: N06000011098
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)

ANCHORS, MICHELLE

909 MAR WALT DRIVE, SUITE 1022

FORT WALTON BEACH FL 32547 US

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

ANCHORS, MICHELLE

2113 LEWIS TURNER BLVD, SUITE 100

P.O. Box NOT acceptable

FORT WALTON BEACH, FL 32547 US

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.

Mary E. Smith  
Signature of an officer or director

MARION E Smith 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.*

Signature of Registered Agent

Sept 26, 2011  
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 (8/05)

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