

Division of Corporations

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**N0600006 12405**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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Division of Corporations  
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Account Name : STANTON AND GASDICK, P.A.  
Account Number : 075350000152  
Phone : (407) 423-5203  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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TALLAHASSEE, FLORIDA

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
MAGNOLIA VILLAS ORLANDO CONDOMINIUM  
ASSOCIATION, INC**

Certificate of Status	0
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January 4, 2016

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

MAGNOLIA VILLAS ORLANDO CONDOMINIUM ASSOCIATION, INC.  
200 VILLAGE BOULEVARD  
DAVENPORT, FL 33896

SUBJECT: MAGNOLIA VILLAS ORLANDO CONDOMINIUM ASSOCIATION, INC.  
REF: N06000012405

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

THE FORM YOU SUBMITTED IS USED FOR A LIMITED LIABILITY COMPANY. YOUR COMPANY IS A NON PROFIT CORPORATION.

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.

Cathy A Carrothers  
Regulatory Specialist

FAX Aud. #: H15000307483  
Letter Number: 716A00000019

16 JAN -4 PM 1:22

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Magnolia Villas Orlando Condominium Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N06000012405

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:

**Michael J. Gasdick**

Name of Contact Person

**Gasdick Stanton Early, P.A.**

Firm/Company

**1601 W. Colonial Drive**

Address

**Orlando, FL 32804**

City/State and Zip Code

**Mick@gse-law.com**

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

For further information concerning this matter, please call:

**Michael J. Gasdick**

Name of Contact Person

at **407 423-5203**

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

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(((H15000307483 3)))  
**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: Magnolia Villas Orlando Condominium Association, Inc.

2. The principal office address: 200 Village Boulevard, Davenport, FL 33896

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/04/2006 Document number: N06000012405

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)

Michael J. Gasdick, Esq.

390 North Orange Ave, Suite 260

Orlando, FL 32801

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

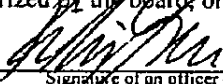
1601 W. Colonial Drive

P.O. Box NOT acceptable

Orlando, FL 32804

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

Rischi Passi, President

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

Date

If signing on behalf of an entity:

Typed or Printed Name

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

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)

2016 JAN -4 PM 12:00  
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 TALLAHASSEE, FL 32304

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