N0700001213

(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
(Address)		
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800312045658

04/23/18--01039--001 **35.00

S. TALLEMY

APR 2 4 2018

19 AFR 23 PH 3: 01

RIACH

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Villa Tuscany at Burnt Store Lakes Condominium Name of Corporation Association Inc
DOCUMENT NUMBER: FEYEIN 20-8385996
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: Bill Blake - President
Pegi Schad Weidenbenner-Treasurer Name of Contact Person
Villa Tuscany at Burnt Store Lakes
17495 Boca Vista #3 - PO Box 510806
Punta Gorda, Florida 33955 City/State and Zip Code
VI) latuscanyhoa@gmail.com/ E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bill Blake, President Fus at (
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.
1. The name of the corporation: Villa Tuscany at Burnt Store Lakes Condo Association
2. The principal office address: 17495 Boca Vista Th
Punta Gorda, Florida 33955
3. The mailing address (if different): P. D. BOX 510806
Punta Gorda, Florida 33951
4. Date of incorporation/qualification: 02/02/2007 Document number: 20-8385994
5. The name and street address of the current registered agent and registered office on file with the No 700001213 Florida Department of State: (If resigned, enter resigned)
Karyn J. Begin (resigned)
407 Lincoln Road - Suite 60
Miami Beach, Florida 33139
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
William Morris Taylor
17495 Boca Vista Road - Unit #10 P.O. Box NOT acceptable
Punta Gorda, Florida 33955
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 Weiderleun er
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 04/16/18 Date
If signing on behalf of an entity:
W-MbRLIS TAYLOR Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

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