

NO 7229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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14 MAY 19 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

C. LEWIS
JUN 2 2014
EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Villas of Cross Creek Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: NO7229

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:

Dawn DeBonis

Name of Contact Person

Starfish Association Mgmt, LLC

Firm/Company

8960 Andover St

Address

Ft Myers, FL 33907

City/State and Zip Code

starfishmgmt2@aol.com

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

For further information concerning this matter, please call:

Dawn DeBonis

Name of Contact Person

at (**239**) **275-9509**

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: The Villas of Cross Creek Condominium Association Inc.

2. The principal office address: 8960 Andover St
Ft Myers, FL 33907

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/22/2003 Document number: NO7229

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)

P&M Mgmt

14360 S. Tamiami Trail Unit B

Ft Myers, FL 33912

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

Linda Hardwick C/O Starfish Association Mgmt

8960 Andover St.

P.O. Box NOT acceptable

Ft Myers, FL 33907

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.

Carol Lebel
Signature of an officer or director

Carol Lebel

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.

Linda Hardwick
Signature of Registered Agent

5/12/14
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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