(Requestor's Name) (Address) (Address)	200210439792		
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	08/01/1101003022 **35.00		
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	JALLAHASSES FLORIDA		

Office Use Only

3111 AUG -1 AM 10: 02

COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: The Village at Bentley Park Homeowners' Assn Inc. Name of Corporation						
DOCUMENT NUMBER: N074	54					
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:						
Terri B. Whetzel						
Name of Contact P	Person					
Innovative Community Management Solutions, Inc. Firm/Company						
riini/Compan	y					
600 East Tarpon	Avenue					
Address						
Tarpon Springs FL 34689-4202 City/State and Zip Code						
icms@tampahav.r	r com					
icms@tampabay.rr.com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Terri B. Whetzel at (727 938-3700 x 202 Area Code & Daytime Telephone Number					
Name of Contact Person	Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of	of State.					
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building					
Tallahassee FL 32314	2661 Executive Center Circle					

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

in orde	nge is submitted for a corporation r to change its registered office or	registered agent, or	· both, in the State of F	lorida.
	he corporation: The Village a		<u>k Homeowners</u>	<u>' Association, Inc</u>
	office address: 600 East Tarpo			
Tarpon Sp	rings FL 34689-4202			
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 02/05	5/85 Docum	ent number:	N07454
	street address of the current regist tment of State: (If resigned, enter r		stered office on file wi	th the
	Joseph R. Cianfrone			- -
	1964 Bayshore Boulevard			ALLEHAM AUG
				HE SERVICE TO THE SER
6. The name and (if changed):	street address of the new registere	d agent (if changed) and /or registered off	LITTE IS
	Terri B. Whetzel			02 02
	600 East Tarpon Avenue			_
	Tarpon Springs FL 34689-	4202	·	-
The street address changed will	ess of its registered office and the be identical.	street address of th	e business office of it	s registered agent,
C Y	as authorized by resolution duly a see board, or the corporation has be	dopted by its board een notified in writ	l of directors or by an ing of the change.	officer so
dignatui	e of an officer or director		Judy Ginnis, Dire	
I have be account	the appointment as registered ag o comply with the provisions of a d I am familiar with and accept t ng filed merely to reflect a chang been notified in writing of this c	ent and agree to ac ill statutes relative he obligation of my e in the registered hange.	ct in this capacity to the proper and con position as registere office address, I herei	nplete performance d agent. Or, if this by confirm that the
- Tem	B Salufay		07/22/11	
Sig	nature of Registered Age at	· ———	Date	
If signing on be	half of an entity:			
	yped or Printed Name			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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