

N10214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

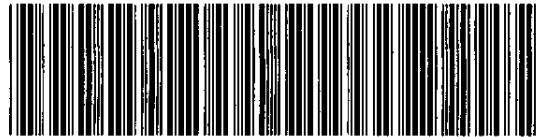
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700143357917

02/12/09--01021--007 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 FEB 12 AM 8:47

RA/RO/CH8
@ 2/16/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Vintage View Community Association, Inc
(Name of Corporation)

DOCUMENT NUMBER: N 10214

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:

Carliss GIBBONS
(Name of Contact Person)

Vintage View Community Assn
(Firm/Company)

5050 SW 9th Place
(Address)

Gainesville FL 32607
(City/State and Zip Code)

For further information concerning this matter, please call:

Carliss GIBBONS at (352) 374 4124
(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 in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Vintage View Community Association, Inc.
2. The principal office address: 5050 SW 9th Place
Gainesville FL 32607
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/15/1985 Document number: N10214

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)

Hope A Bice Atty (deceased)
408 W. University Ave, Suite 400
Gainesville FL 32607

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

Sandi Rosenberg
4901 SW 10th Lane
(P.O. Box NOT acceptable)
Gainesville FL 32607

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 FEB 12 AM 8:41

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]
(Signature of an officer or director)

Conliss GIBBONS 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]
(Signature of Registered Agent)

2/10/09
(Date)

If signing on behalf of an entity:

Sandi Rosenberg
(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