

111000003826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

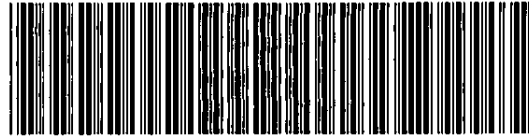
(Business Entity Name)

(Document Number)

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6/30/11
TC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Old San Jose On The River Coach House Condomini
Name of Corporation

DOCUMENT NUMBER: N11000003826

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:

Lea Frazier
Name of Contact Person

Vista Community Association Management
Firm/Company

PO Box 162147
Address

Altamonte Springs, FL 32716
City/State and Zip Code

lfrazier@vista-cam.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lea Frazier at (407) 682-3443 ext 232
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: Old San Jose On The River Coach House Condominium As

2. The principal office address: 225 S Westmonte Drive, Suite 3310, Altamonte Springs, FL 32714

3. The mailing address (if different): PO Box 162147, Altamonte Springs, FL 32716

4. Date of incorporation/qualification: _____ Document number: N11000003826

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)

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

Vista Community Association Management

225 S Westmonte Drive, Suite 3310

P.O. Box NOT acceptable

Altamonte Springs, FL

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

Brian Wilson, 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.

Margo Pfauzer

Signature of Registered Agent

6-15-2011

Date

If signing on behalf of an entity:

Margo Pfauzer

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 (8/05)

11 JUN 28 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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