

N1100000054B

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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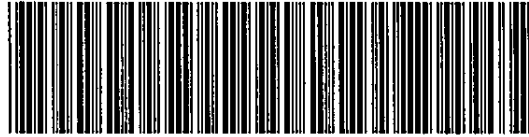
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATION
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@ 4.13.15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Villas of San Vincente Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N11000005413

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:

Kathy Crisp
Name of Contact Person

Villas of San Vincente Asso Inc.
Firm/Company

240 South Arnold Road
Address

Panama City Beach, FL 32413
City/State and Zip Code

Kathycrisp@roadrunner.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Crisp at (334) 477-3063
Name of Contact Person Area Code & Daytime Telephone Number

kathycrisp@roadrunner.com

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Villas of San Vicente Association, INC.
2. The principal office address: 240 S. Arnold Road; Panama City Beach, FL 32413
3. The mailing address (if different): Kathy J. Crisp; 103 Azalea Dr; Enterprise, AL 36330
4. Date of incorporation/qualification: 4/25/12 Document number: N11000005413
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)
~~XXXXXX~~ Crisp, Kathy
4021 Tiza Trail
Tallahassee, FL 32309

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

Crisp, Kathy
(New) 240 S. Arnold Road
P.O. Box NOT acceptable
Panama City Beach, FL 32413

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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.

E. Nelson
Signature of an officer or director

Eugene B. Nelson, VOSV HoA 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.

Kathy Crisp
Signature of Registered Agent

4 April 2015
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)