10/30/2020

Division of Corporations

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

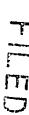
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REGISTERED AGENT CHANGE FLAMINGO HARBOUR VILLAS CONDOMINIUM ASSOCIATION INC

Certificate of Status	0
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Page Count	02
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chai	nge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statu n organized under the laws of the State of Florid or registered agent, or both, in the State of Florid	da
1. The name of t	he corporation: FLAMINGO HA	RBOUR VILLAS CONDOMINIUM ASSOCIATI	ON, INC.
2. The principal	office address: 21441 WIDGEON	TERRACE FORT MYERS, FL 33931	
3. The mailing a	ddress (if different): 68 W. India	Lane Eagleville, PA 19403	
4. Date of incorp	oration/qualification:05/09/201	Document number: N1300000439	·O
5. The name and		istered agent and registered office on file with th	
	R & A AGENTS, INC. ATTN. S	EAN M. ELLIS	
	FORT MYERS, FL 33901-2904		202
6. The name and (if changed):	street address of the new registe	ered agent (if changed) and /or registered office	2020 NOV - 2
	CT CORPORATION SYSTEM		
	1200 South Pine Island Road, Bro	nward County	AM IO: I
	Plantation, Florida 33324	P.O. Box NOT acceptable	$\frac{1}{\omega}$
		adopted by its board of directors or by an office notified in writing of the change.	
	a S. Utson		
	A. S. UMUSONA La di più di inscribir	William S. Wilson, Director Printed or typed name and title	
Thereby accept I further agree to of my duties, cm document is bei	the appointment as registered a	igent and agree to act in this capacity. All statutes relative to the proper and complet the obligation of my position as registered ag tge in the registered office address, I hereby co	te performance ent. Or, if this onfirm that the
Om.	m 211	10/30/2020	
Sig	nature of Reginstred Agent	Date	
	half of an entity: James M. Halpin Assistant Secretary	_	
1	sped or Printed Name		

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