N36947

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COVER LETTER

TO: Amendment Section , Division of Corporations				
SUBJE Name o	CT: Gulf Villas Homeowners Associated Corporation	ation, Inc.		
DOCU	MENT NUMBER: N36947			
The enc	losed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.		
Please r	eturn all correspondence concerning this	s matter to the following:		
John	A. Berg. Director/President			
Gulf	Villas Homeowners Association, Inc	<u> </u>		
721 F	Rice St. E.			
Way	zata, MN 55391			
City/Sta	ite and Zip Code			
E-mail	jbergnd@gmail.c address: (to be used for future annua			
	ther information concerning this ma	· ·		
John A	A. Berg Name of Contact Person	at (952) 475-1084 Area Code & Daytime Telephone Number		
Enclose	d 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

CR2E045 (04/13)

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

statement of change is su	bmitted for a corporation org	1502, 607.1508, or 617.1508, Florida Statutes, ganized under the laws of the State of Florida istered agent, or both, in the State of Florida.	this
1. The name of the corpo	ration: Gulf Villas Homeown	ners Association, Inc.	
2. The principal office ad	D or Count Count	rilla	
	Boca Grande, FL 000	00	
3. The mailing address (i	f different): 721 Rice St. E. V	Vayzata, MN 55391	
4. Date of incorporation/o	02/02/1000	Document number: N36947	
	ddress of the current registere State: (If resigned, enter resig	d agent and registered office on file with the gned)	
Scott D.	lttersagen		le is
1861 Pk	ncida Road, Suite 204		-
			φ. \2
Englew(ood, FL 34223		
6. The name and street ad (if changed):	ldress of the new registered a	gent (if changed) and /or registered office	::: 10: 0 I
PLF Reg	gistered Agent, L. L. C.		
1833 He	endry Street		
	P.O.	Box NOT acceptable	
Fort My	ers, FL 33901	A	
The street address of its as changed will be ident	registered office and the streical.	eet address of the business office of its regist	ered agent,
Such change was author authorized by the board.	ized by resolution duly ador, or the corporation has been	oted by its board of directors or by an officer notified in writing of the change.	so
1 Goldes	^ 7	John A. Berg, Director/President	
Signature of an offi		Printed or typed name and title	
I further agree to complete of my duties, and I am for document is being filed.	v with the provisions of all s	and agree to act in this capacity, tatutes relative to the proper and complete pobligation of my position as registered agent of the registered office address. I hereby confige.	erformance . Or, if this rm that the
Muen	/ bubl	3-5-2020	
	egisfered Agent	Date	
If signing on behalf of a	n entity;		
PLF Registered Agent, L.			
Typed or Prii		FEE: \$35.00 * * *	

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)