

143589

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(Address)

(Address)

(City/State/Zip/Phone #)

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10-6-10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: PORT ANTIGUA AT CORAL BAY VILLAGE ASSOCI
Name of Corporation

DOCUMENT NUMBER: N43589

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:

STEVEN S. VALANCY

Name of Contact Person

STEVEN S. VALANCY, P.A.

Firm/Company

311 SE 13TH STREET

Address

FORT LAUDERDALE, FLORIDA 33316

City/State and Zip Code

kdale@allprosys.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DONNA AVEN

Name of Contact Person

at (954)

463-1600

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 OCT -6 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 28, 2010

STEVEN S. VALANCY, P.A.
311 SE 13TH STREET
FT. LAUDERDALE, FL 33316

SUBJECT: PORT ANTIGUA AT CORAL BAY VILLAGE ASSOCIATION, INC.
Ref. Number: N43589

We have received your document for PORT ANTIGUA AT CORAL BAY VILLAGE ASSOCIATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert
Regulatory Specialist II

Letter Number: 910A00022955

**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: PORT ANTIGUA AT CORAL BAY VILLAGE ASSOCIATION
2. The principal office address: ~~P.O. BOX 10439, PLANTATION, FLORIDA 33318~~
1133 S. University Drive Suite 211
3. The mailing address (if different): Plantation, FL 33324

4. Date of incorporation/qualification: 5/28/1991 Document number: N43589

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)

RANDALL K. ROGER & ASSOC., P.A.

621 NW 53 STREET SUITE 300

BOCA RATON, FLORIDA 33487

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

STEVEN S. VALANCY, P.A.

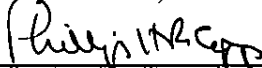
311 SE 13TH STREET

P.O. Box NOT acceptable

FORT LAUDERDALE, FLORIDA 33316

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 of an officer or director

Philip H. R. Epps 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.


Signature of Registered Agent

02-17-10
Date

If signing on behalf of an entity:

STEVEN S. VALANCY
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)