

N93000003859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

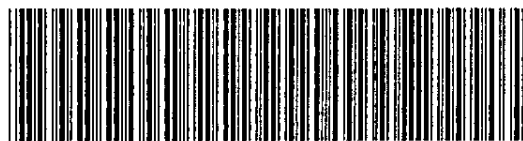
(Business Entity Name)

(Document Number)

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PT Change

05/04/11--01018--014 **35.00

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2011 MAY -4 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
5/12/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LA CASA AMOROSA HOMEOWNERS ASSOC.
Name of Corporation

DOCUMENT NUMBER: 1193 000003859

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:

MARY M. SPINAZZOLA
Name of Contact Person

LACASA AMOROSA HOA,
Firm/Company

P.O. BOX 33411
97C NIEMIRA AVE
Address

INDIALANTIC, FL 32903
City/State and Zip Code

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

For further information concerning this matter, please call:

MARY M SPINAZZOLA at (321) 639-2778
Name of Contact Person Area Code & Daytime Telephone Number
Treasurer

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: LA CASA AMOROSA HOMEOWNERS
2. The principal office address: 97 NIEMIRA AVE. ASSOCIATION
INDIALANTIC, FL 32903 INC.
3. The mailing address (if different): P.O. BOX 33411
INDIALANTIC, FL 32903
4. Date of incorporation/qualification: _____ Document number: N9300000859
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)

ANTHONY ZIZZO, PRESIDENT
2312 TIMBERLINE DR
MELBOURNE, FL 32934

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

KRISTIN CUSIMANO, PRESIDENT
97C NIEMIRA AVE
INDIALANTIC, FL 32903

P.O. Box NOT acceptable

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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.

Mary M Spinazzola
Signature of an officer or director

MARY M SPINAZZOLA
Printed or typed name and title
TREASURER

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.

KCusimano
Signature of Registered Agent

5.02.11
Date

If signing on behalf of an entity:

Krishn Cusimano
Typed or Printed Name

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