

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Vista Filare A Community Association Inc.
Name of Corporation

DOCUMENT NUMBER: N9400000 1249

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:

Nancy Piper
Name of Contact Person

Stevens & Goldwyn, P.A.
Firm/Company

2 South University Drive Suite 329
Address

Plantation FL 33324
City/State and Zip Code

n.piper@stevensandgoldwyn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Piper at (954) 458-9393
Name of Contact Person 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

August 1, 2017

NANCY PIPER
2 S. UNIVERSITY DRIVE
SUITE 329
PLANTATION, FL 33324

SUBJECT: VISTA FILARE, A COMMUNITY ASSOCIATION, INC.
Ref. Number: N94000001249

We have received your document 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):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

The name of the person signing the document must be typed or printed beneath or opposite the signature.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 717A00015488

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DIVISION OF CORPORATIONS
INFORMATION SERVICE

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

- 1. The name of the corporation: Vista Filare A Community Association, Inc.
- 2. The principal office address: 40 Pines Property Management
6941 SW 196 Ave Suite #27, Pembroke Pines, FL 33332
- 3. The mailing address (if different): 40 Pines Property Management
P.O. Box ~~820100~~ ⁸²⁰¹⁰⁰ Pembroke Pines FL 33082
- 4. Date of incorporation/qualification: 3/14/54 Document number: N94000001249
- 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)

Scott Levine, Esq.
~~1900 North Commerce Parkway~~
1900 North Commerce Parkway
Weston FL 33326

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

Stevens & Goldwyn, P.A.
2 South University Drive # 329
Plantation FL 33324
P.O. Box NOT acceptable

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2017 AUG 18 PM 2:38
TALLAHASSEE, FL 32314

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]
Signature of an officer or director

MARIO G. MARTINEZ
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, Mario G. Martinez 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]
Signature of Registered Agent

7/30/17
Date

If signing on behalf of an entity:
John W. Stevens
Typed or Printed Name

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