N9400003925

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800263331148

09/29/14--01003--024 **35.00

SECRETARY OF STATE DIVISION OF CARPORATION

1. Lewis 10.7-14

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: THE VILLAGES OF SAN REMO MAINTENANCE ASSOCIATION, INC.

Name of Corporation

DOCUMENT NUMBER: N94000003925

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:

Paul Milberg

Name of Contact Person

Milberg Klein PL

Firm/Company

5550 Glades Road, Suite 500

Address

Boca Raton, FL 33431

City/State and Zip Code

pmilberg@milbergkleinlaw.com

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

For further information concerning this matter, please call:

Paul Milberg

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

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statut ange is submitted for a corporation organized under the laws of the State of er to change its registered office or registered agent, or both, in the State of Floria		
1. The name of	the corporation: THE VILLAGES OF SAN REMO MAINTENANCE ASSO	OCIATION,	INC.
2. The principal	office address: TALAVERA RD. WESTON, FL 33326		
3. The mailing a	address (if different): TPMG, 2645 Executive Park Drive Westo	on, FL 33	3331
4. Date of incor	poration/qualification: 1994 Document number: N940000	03925	
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	e	
	Scott Levine		
	1900 NORTH COMMERCE PARKWAY		
	WESTON, FL 33326		ತ್ತ
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	14 SEP 2	140 150 150 150 150 150 150 150 150 150 15
	Milberg Klein PL	29 1	97
	5550 Glades Road, 500	74	
	P.O. Box NOT acceptable Boca Raton, FL 33431		11089 11089
The street addr as changed will	ess of its registered office and the street address of the business office of its regilated be identical.	istered agent	,
Such change wathorized by t	as authorized by resolution duly adopted by its board of directors or by an office he board, or the corporation has been notified in writing of the change.	er so	
O O Signatu	Le of an officer or director Aracely Pane Printed or typed name and title	ija,	presiden
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as rais document is being filed merely to reflect a change in the registered office addutate the corporation has been notified in writing of this change.	egistered dress, I	
Sig	gnature of Registered Agent Scotton by Date	2011	
De-1d	chalf of an entity:		

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