

N94000004838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000266026150

11/03/14--01014--021 **35.00

FILED
14 NOV -3 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ra chang

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: VILLAS AT FORTUNE PLACE CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N94000004838

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:

DARLENE WEINCOUFF

Name of Contact Person

DAILY MANAGEMENT, INC

Firm/Company

PO BOX 730119

Address

ORMOND BEACH, FL 32173-0119

City/State and Zip Code

dweincouff@dmresorts.com

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

For further information concerning this matter, please call:

DARLENE WEINCOUFF

Name of Contact Person

at **386** **898-0091 EXT 202**

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

FILED
14 NOV -3 PM 4:38
TALLAHASSEE, FL
SECRETARY OF STATE



**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: Villas at Fortune Place Condominium Association, Inc.

2. The principal office address: 1201 Simpson Road,
Kissimmee, FL 34744

3. The mailing address (if different): P.O. Box 730119, Ormond Beach, FL 32173

4. Date of incorporation/qualification: 09/27/1994 Document number: N94000004838

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)

R. Michael Kennedy (now deceased)

3 Sunshine Blvd.

Ormond Beach, FL 32173

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

Stephen J. Braun

540 Sandy Oaks Blvd.

P.O. Box NOT acceptable

Ormond Beach, FL 32174

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.

Frank P. Oakley
Signature of an officer or director

FRANK P. OAKLEY, 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.

Stephen J. Braun
Signature of Registered Agent

10/30/14
Date

If signing on behalf of an entity:

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 (03/12)

FILED
14 NOV - 3 PM 3:56
TALLAHASSEE, FL
SECRETARY OF STATE