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COVER LETTER

TO: Amer Divis	ndment Section ion of Corporations	
SUBJECT:_	Vistawilla Plaza B Owners' Association, Inc. Name of Corporation	
DOCUMEN	r number: N98000002409	
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:	
	Anne M. Smith	
	Name of Contact Person	
	Pinnacle Property Management, LLC Firm/Company	
	, Illin Company	
	1511 East SR 434, Suite 3001	
	Address	
	Winter Springs, FL 32708	
	Winter Springs, FL 32708 City/State and Zip Code	
	asmith@ppmorlando.com	
	E-mail address: (to be used for future annual report notification)	
For further in	formation concerning this matter, please call:	
	Anne M. Smith at (407 977-0031 Name of Contact Person Area Code & Daytime Telephone Number	
	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 Division of Corporations Clifton Building 2661-Executive Center Circle Tallahassee, FL 32301	

TO:

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

statement of cha	nge is submitted for a c	orporation organize	607.1508, or 617.1508, Fl d under the laws of the Sta d agent, or both, in the Sta	ate of Florid	a	
1. The name of t	the corporation: Vista	willa Plaza B (Owners' Association	on. Inc.		
	· — —	-	Management, LLC, 1			
Suite 3001	I, Winter Springs, F	L 32708				
3. The mailing a	ddress (if different): Se	ame as above				
4. Date of incorp	poration/qualification: _	04/24/1998	Document number:	N9800	0002409	
	I street address of the cu tment of State: (If resign		nt and registered office on	file with the		
	Resigned					
					12 J SECTALL	
6. The name and (if changed):	I street address of the ne	w registered agent (if changed) and /or register	red office	JAN 17 I	THE SEC
	Anne M. Smith, c/	o Pinnacle Prop	erty Management, LL	.C		
	1511 East SR 434				20 S	i
	Winter Springs, FL	P.O. Box NOT ac _ 32708	ceptable		***	
The street addre	ess of its registered offi be identical.	ce and the street ad	dress of the business offic	ce of its regis	tered agent.	
Signatui	the appointment as res	ristered agent and a	y its board of directors or led in writing of the change of the change of the change of the change of the proper and the prope	me and title	LEBC	
If signing on be	half of an entity:					
Tv	yped or Printed Name					

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