

N9S 00000C4489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

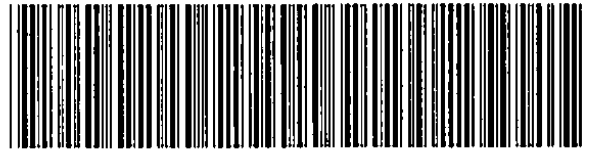
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Special Instructions to Filing Officer:

phone call to Laurie G.
on 2/22/21 to correct & file document
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 17, 2021

LOUIS H. GAHR
VINE MANAGEMENT OF OCALA, LLC
1515 E SILVER SPRINGS BLVD-SUITE 110
OCALA, FL 34470

SUBJECT: MARCO POLO VILLAGE HOMEOWNER'S ASSOCIATION, INC.
Ref. Number: N98000004489

We have received your document for MARCO POLO VILLAGE HOMEOWNER'S ASSOCIATION, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

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.

Susan Tallent
Regulatory Specialist II

Letter Number: 621A00003543

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Marco Polo Village Homeowner's Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N98000004489

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:

Louis J. Gahr

Name of Contact Person

Vine Management of Ocala, I.L.C.

Firm/Company

1515 E Silver Springs Blvd - Suite 110

Address

Ocala FL 34470

City/State and Zip Code

info@VineManagementofOcala.com

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

For further information concerning this matter, please call:

Louis J. Gahr

Name of Contact Person

at (352) 812-8086
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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