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R. WHITE
JAN 1 8 2018

## COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: The Village Hoemowners Assoc. of Lee Cnty, Inc Name of Corporation

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:

## Willard Davidson Name of Contact Person

The Village HOA of Lee Cnty., Inc

15291 River Vista Drive

North Fort Myers, FL 33917

City/State and Zip Code

bdavid42@aol.com

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

For further information concerning this matter, please call:

Willard Davidson

 $\operatorname{at}(\underbrace{847}_{\text{Area Code & Daytime Telephone Number}})363-0005$ 

Name of Contact Person

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 change is submitted	tions 607,0502, 617,0502, 607,1508, or 617,1508, Florida Sta for a corporation organized under the laws of the State of <mark>FL</mark> egistered office or registered agent, or both, in the State of Fla	ORIDA
2. The principal office address:	The Village Hoemowners Assoc. of Lee Cnty.	, Inc
1357 N. Tarriami	Trail, Suite A, North Fort Myck,	LL 33903
	a. Suite 201 North Fort Myers,	Can FL 3340
4. Date of incorporation/qualifica	tion: 10/11/1999 Document number: N99000	006129
5. The name and street address of Florida Department of State: (I	f the current registered agent and registered office on file with tresigned, enter resigned)	i the
Mark Axford	<u></u>	
GSC,LLC D	D/B/A Gulf Shore CAM	至9 0
1357 N. Tan	niami Tr., Suite A North Fort Myers, FL 33903	調を可
6. The name and street address of (if changed):	f the new registered agent (if changed) and /or registered offic	6 PH 12:
willow	rd Davidson	2:
1529	1 River Vista Drive	
North	Fort Myris, FL 33917	7
The street address of its registere as changed will be identical.	ed office and the street address of the business office of its r	registered agent.
Such change was authorized by authorized by the board, or the c	resolution duly adopted by its board of directors or by an of corporation has been notified in writing of the change.	ficer so
Signature of an officer or direct	Willard Davidson; Preside	ent
I further agree to comply with the performance of my duties, and lagent. Or lif this document is the hereby together.	as registered agent and agree to act in this capacity. The provisions of all statutes relative to the proper and complete an interpretation of my position agent filed merely to reflect a change in the registered office of the been notified in writing of this change.    A	lete is registered address, I
If signing on behalf of an entity:		
MARK AXFORD		
Typed or Printed Name		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, Fl. 32314

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