Requester's Name 951 BROKEN SOUND PKWY. SUITE 250 BOCA RATON, FLORIDA 33487 Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

CR2E031(7/97)

1	
(Corporation Name)	(Document #)
2.	
(Corporation Name)	(Document #)
3. (Corporation Name)	(Document #) 5000081995259
(Corporation Name)	-07/03/0201031021 *****35.00 *****35.00
4(Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time	Certified Copy
☐ Mail out ☐ Will wait	Photocopy
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Diragger Change of Registered Agent Dissolution/Withdrawal Merger Amendment Resignation of R.A., Officer/Diragger Resignation of R.A., Officer/Diragger Resignation of Registered Agent Resignation of Resign
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other Carlot Change Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 10, 2002

VILLA SAN REMO NEIGH. "F" ASSOCIATION, INC. 951 BROKEN SOUND PKWY - SUITE 250 BOCA RATON, FL 33487

SUBJECT: VILLA SAN REMO NEIGHBORHOOD "F" HOMEOWNERS

ASSOCIATION, INC.

Ref. Number: N99000006888

We have received your document for VILLA SAN REMO NEIGHBORHOOD "F" HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name and capacity of the person signing on behalf of the new registered agent.

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) 245-6964.

Irene Albritton Document Specialist

Letter Number: 802A00042785

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DIVISION OF CORPORATIONS

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, the undersigned corporation organized under the laws of the State of Florida
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation is: Villa San Remo Neighborhood "F" Homeowners
Association, Inc.
2. The mailing address of the corporation is: 951 Broken Sound Parkway, Suite 250,
Boca Raton, Florida 33487
3. Date of incorporation/qualification:
4. The name and address of the current registered agent and office:
Community Association Services
951 Broken Sound Parkway, Suite 250
Boca Raton, Florida 33487
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
St. John, Core, Fiore & Lemme, P.A.
500 Australian Avenue South, Suite 600
West Palm Beach, Florida 33401
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.
7/23/m -
(Signature of an officer, chairman or vice chairman of the board) (Date)
MARTIN EVANS PRES. (Printed or typed name and title)
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
Dan Pare July 16, 2002 =0, 8
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
DA) DA CORE (Typed or Printed Name) (Capacity) (Capacity)
(Typed or Printed Name) (Capacity)
*** FILING FEE: \$35.00 ***
CR2E045(7/97)
DIVISION OF CORPORATIONS P.O. BOX 6327 TAIL AHASSEE FI 32314