

766514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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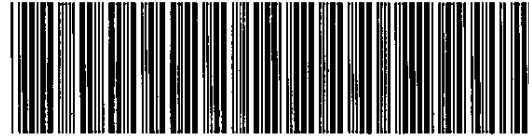
(Business Entity Name)

(Document Number)

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14 AUG 21 PM 3:58  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

C. LEWIS  
AUG 26 2014  
EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lake Ridge Village Club Association Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 766514

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:

**Debra Donton**

Name of Contact Person

Firm/Company

**10630 Larissa Street**

Address

**Orlando, FL 32821**

City/State and Zip Code

**lakeridgeclub@gmail.com**

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

For further information concerning this matter, please call:

**Debra Donton**

Name of Contact Person

at ( <sup>407-351-3919</sup> ) → 407-351-3919  
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

**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 FL \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Lake Ridge Village Club Association Inc.
- 2. The principal office address: 10630 Larissa Street  
Orlando, FL 32821
- 3. The mailing address (if different): same
- 4. Date of incorporation/qualification: 8/8/14 Document number: 766514

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)

MANOES, DESIREE  
10630 LARISSA STREET  
ORLANDO, FL 32821

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

Debra Donton, 10630 Larissa Street, Orlando, FL 32821

P.O. Box NOT acceptable

STATE OF FLORIDA  
DIVISION OF CORPORATIONS  
14 AUG 21 PM 3:59

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.

Anne Migliorzi  
Signature of an officer or director

Anne Migliorzi, President, BOD.  
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.*

Debra Donton  
Signature of Registered Agent

8/8/14  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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