

813552

(Requestor's Name)

(Address)

(Address)

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: LAKE OSBORNE TOWERS CO-OPERATIVE APARTMENTS, INC.  
Name of Corporation

DOCUMENT NUMBER: 813552

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:

Dana Ives  
Name of Contact Person

LAKE OSBORNE TOWERS CO-OPERATIVE APARTMENTS, INC.  
Firm/Company

8135 LAKE WORTH RD. SUITE B  
Address

LAKE WORTH, FL 33467  
City/State and Zip Code

danafi@msn.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Stoloff, Esq. at (561) 615-0123  
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

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, 607.1505, or 617.1505, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LAKE OSBORNE TOWERS CO-OPERATIVE APARTMENTS, INC.

2. The principal office address: 8135 LAKE WORTH RD. SUITE B LAKE WORTH, FL 33467

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation qualification: 4/25/1959 Document number: 813552

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)

BECKER & POLIAKOFF, P.A.  
625 NORTH FLAGLER DRIVE 7TH FLOOR  
WEST PALM BEACH, FL 33401

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

Dicker, Krivok & Stoloff, P.A.  
1818 South Australian Avenue, Suite 400  
P.O. Box NOT acceptable  
West Palm Beach, FL 33409

TALLAHASSEE, FLORIDA  
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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.

*Dana F. Ives*  
Signature of an officer or director

DANA F. IVES *President*  
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.*

*[Signature]*  
Signature of Registered Agent

12-11-17  
Date

If signing on behalf of an entity:

Scott A. Stoloff  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314