

N000000005314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

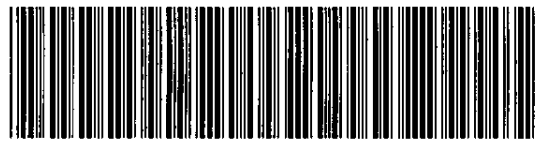
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/27/09--01020--016 **35.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RACM
4/20/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Indian Lakes Homeowners Association, Inc. +
(Name of Corporation)

DOCUMENT NUMBER: N00000005314 +

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:

Victoria L. Diaz
(Name of Contact Person)

Ferdinandson Enterprises, Inc.
(Firm/Company)

2884 S. Osceola Ave.
(Address)

Orlando, FL 32806
(City/State and Zip Code)

For further information concerning this matter, please call:

Victoria L. Diaz at (407) 770-1748
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 31, 2009

VICTORIA L. DIAZ
2884 S. OSCEOLA AVENUE
ORLANDO, FL 32806

SUBJECT: INDIAN LAKES HOMEOWNERS' ASSOCIATION, INC.
Ref. Number: N00000005314

We have received your document for INDIAN LAKES 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 be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 609A00010733

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

1. The name of the corporation: Indian Lakes Homeowners Association, Inc.
2. The principal office address: 2884 S. Osceola Ave.
Orlando, FL 32806
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/14/2000 Document number: N00000005314
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)

Community Management Professionals, Inc.

5401 S. Kirkman Rd., #450

Orlando FL 32819

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

Ferdinandsen Enterprises, Inc.

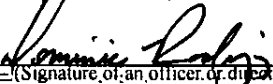
2884 S. Osceola Ave.

(P.O. Box NOT acceptable)

Orlando, FL 32806

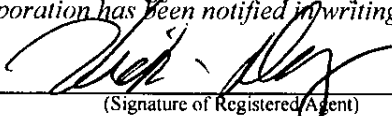
The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

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.


(Signature of an officer or director)


(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 of Registered Agent)

3/25/09
(Date)

If signing on behalf of an entity:

Vicki D. 42
(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

CR2E045 (8/05)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA