

N01510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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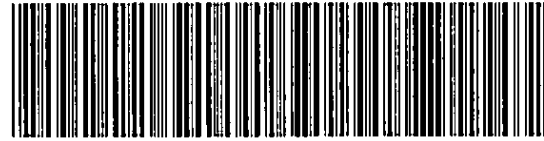
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BEEKMAN LAKES CONDOMINIUM ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N01510

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:

Shana J. Shields  
Name of Contact Person  
Law Offices of Wells | Olah | Cochran, P.A.  
Firm/Company  
3277 Fruitville Road, Building B  
Address  
Sarasota, FL 34237  
City/State and Zip Code  
kwells@kevinwellspa.com

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

For further information concerning this matter, please call:

Shana J. Shields at ( 941 ) 366-9191  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: BEEKMAN LAKES CONDOMINIUM ASSOCIATION, INC.

2. The principal office address: \_\_\_\_\_  
c/o Lighthouse Property Management, 16 Church St., Osprey, FL 34229

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

4. Date of incorporation/qualification: 02/17/1984 Document number: N01510

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)  
WELLS, KEVIN T, ESQ. THE LAW OFFICES OF KEVIN T. WELLS, P.A.  
1800 SECOND STREET SUITE 808  
Sarasota, FL 34236

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Law Offices of Wells | Olah | Cochran, P.A.  
3277 Fruitville Road, Building B  
Sarasota, FL 34237  
P.O. Box NOT acceptable

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TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

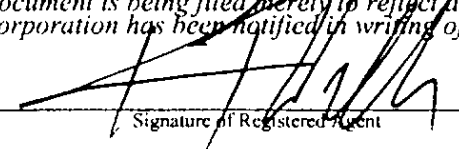
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

11/3/2021  
\_\_\_\_\_  
Date

If signing on behalf of an entity:  
Kevin T. Wells  
\_\_\_\_\_  
Typed or Printed Name

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