

No5000007850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

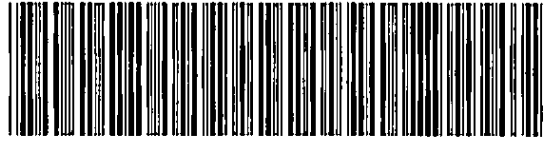
(Business Entity Name)

(Document Number)

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19 MAR 11 PM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
MAR 12 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 16, 2019

CASA SUL LAGO CONDOMINIUM ASSOCIATION, INC.  
AGNEZ SZABO  
12554 WESTHAMPTON CIR, UNIT C  
WELLINGTON, FL 33414

SUBJECT: CASA SUL LAGO CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N05000007850

We have received your document for CASA SUL LAGO CONDOMINIUM 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 919A00001307

RECEIVED

MAR 11 2019

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Casa Sul Lago Condominium Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N05000007850

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:

Agnez Szabo  
Name of Contact Person

Casa Sul Lago Condominium Association, Inc.  
Firm/Company

12554 Westhampton Circle Unit C  
Address

Wellington, FL 33414  
City/State and Zip Code

CS1condoassociation@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Risa Blackman at (561) 236-5258  
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, 607.1508, 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: Casa Sol Lago Condominium Association, inc
2. The principal office address: 12554 Westhampton Circle, Unit C Wellington, FL 33414
3. The mailing address (if different): 12554 Westhampton Circle, Unit C Wellington, FL 33414
4. Date of incorporation/qualification: 05/27/2011 Document number: N05000007850

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)

JDM Managers Property Managers
1196 Polo Club Rd
Wellington, FL 33414

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TALLAHASSEE, FLORIDA

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

AGNES SZABO
c/o Casa Sol Lago Condominium Association, INC
12554 WESTHAMPTON CIRCLE, #C
Wellington, FL 33414

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.

R. Blackman
Signature of an officer or director

Risa Blackman, 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 of Registered Agent

01/06/2019
Date

If signing on behalf of an entity:

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