

**N05000012523**

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(Address)

(Address)

(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS  
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*R.A. Charge*  
**C.COULLIETTE**

JUN 01 2010

**EXAMINER**

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LAKEVIEW GARDENS OF PALM BEACH  
CONDOMINIUM ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N05000012523

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:

GUY DUROT, PRESIDENT  
Name of Contact Person  
LAKEVIEW GARDENS OF PALM BEACH  
CONDOMINIUM ASSOCIATION, INC.  
Firm/Company  
800 NOTTINGHAM CIRCLE  
Address  
GREENACRES, FL 33463  
City/State and Zip Code  
guy.durot@live.com  
E-mail address: (to be used for future annual report notification)

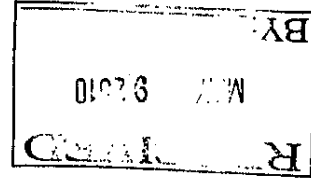
For further information concerning this matter, please call:

GUY DUROT at (561) 502-4888  
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

May 10, 2010

GUY DUROT  
LAKEVIEW GARDENS OF PALM BEACH CONDO.  
800 NOTTINGHAM CIRCLE  
GREENACRES, FL 33463

SUBJECT: LAKEVIEW GARDENS OF PALM BEACH CONDOMINIUM  
ASSOCIATION, INC.  
Ref. Number: N05000012523

We have received your document for LAKEVIEW GARDENS OF PALM BEACH  
CONDOMINIUM ASSOCIATION, INC. and check(s) totaling \$35.00. However,  
the enclosed document has not been filed and is being returned to you for the  
following reason(s):

The document must have original signatures.

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) 245-6903.

Cheryl Coulliette  
Regulatory Specialist II

Letter Number: 710A00011680

RECEIVED  
MAY 28 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: LAKEVIEW GARDENS OF PALM BEACH  
CONDOMINIUM ASSOCIATION, INC.

2. The principal office address: 800 NOTTINGHAM CIRCLE  
GREENACRES, FL 33463

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

4. Date of incorporation/qualification: 12/14/05 and 3/15/10 Document number: N050000 12523

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)

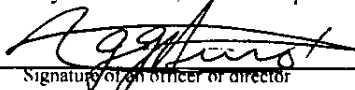
GUY DUROT, PRESIDENT  
300 D NOTTINGHAM CIR.  
GREENACRES, FL 33463

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

CREST MANAGEMENT GROUP  
6413 CONGRESS AVE.  
BOCA RATON, FL 33487

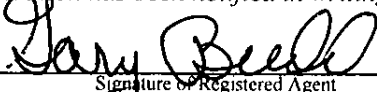
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

GUY DUROT, 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

5/22/10  
Date

If signing on behalf of an entity:

Gary Budd  
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)

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