

N06 437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

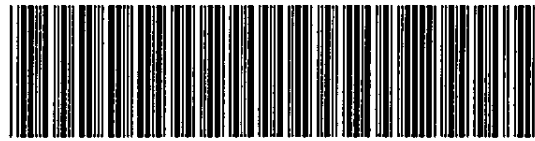
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lakeshore Village of St. Cloud Condominium
(Name of Corporation)
Association, INC.

DOCUMENT NUMBER: NO6437 (Annual Report Notice) (59-2532586) (FEI Number)

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:

Karen Hill Detweiler
(Name of Contact Person)

Lakeshore Village of St. Cloud
(Firm/Company)
Condominium Association, INC.

PO Box 701618
(Address)

St. Cloud, FL 34770-1618
(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Hill Detweiler at (260) 668 9804
(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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Lakeshore Village of St. Cloud Condominium Assoc. INC
- 2. The principal office address: Residence: 17 Tennessee Avenue
St Cloud, FL 34769 USA
- 3. The mailing address (if different): P.O. Box 701618
St Cloud, FL 34770-1618
- 4. Date of incorporation/qualification: 2-12-8985 Document number: NO 6437
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Opal M. Bueno (Deceased)
23 Tennessee Ave
St Cloud, FL 34769

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

Karen Hill Detweiler
17 Tennessee Avenue
(P.O. Box NOT acceptable)
St. Cloud, FL 34769

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.

Karen Hill Detweiler
(Signature of an officer or director)

Karen Hill Detweiler
(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.

Karen Hill Detweiler
(Signature of Registered Agent)

9-2-2006
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

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