

N/23869

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400158455024

07/15/09--01015--002 \*\*35.00

FILED  
09 JUL 15 AM 10:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*R.A. Chong*  
C.COULLETTE

JUL 20 2009

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LONGSHORE LAKE FOUNDATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N 23869

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:

SHARON K. MURPHY

Name of Contact Person

LONGSHORE LAKE FOUNDATION, INC.

Firm/Company

11399 PHOENIX WAY

Address

NAPLES, FL 34119

City/State and Zip Code

llfgm@longshorelake.org

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

For further information concerning this matter, please call:

SHARON K. MURPHY

Name of Contact Person

at ( 239 ) 566-2304

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: LONGSHORE LAKE FOUNDATION, INC.
2. The principal office address: 11399 PHOENIX WAY  
NAPLES, FL 34119
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/14/87 Document number: N 23869
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)

ASHLEY D. WPO  
R+A AGENTS, INC  
850 PARKSHORE DR. 3rd FLOOR  
NAPLES, FL 34103

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

SHARON K. MURPHY  
GENERAL MANAGER  
LONGSHORE LAKE FOUNDATION, INC.  
P.O. Box NOT acceptable  
11399 PHOENIX WAY  
NAPLES FL 34119

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 JUL 15 AM 10:49

FILED

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.

Sally Kirk President      Sally Kirk President  
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.

Sharon K. Murphy  
Signature of Registered Agent

7/10/09      Date

If signing on behalf of an entity:

Sharon K. Murphy  
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