

N27669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

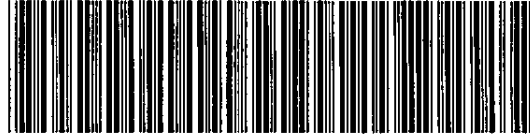
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 8, 2014

KARIN KIRK  
AEGIS COMMUNITY MANAGEMENT SOLUTIONS INC  
8390 CHAMPIONSGATE BLVD., SUITE 304  
CHAMPIONSGATE, FL 34747

SUBJECT: LAKEVILLE OAKS HOMEOWNERS' ASSOCIATION, INC.  
Ref. Number: N27669

We have received your document 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 current name of the entity is as referenced above. Please correct your document accordingly.

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) 245-6050.

Darlene Connell  
Regulatory Specialist III

Letter Number: 314A00025779

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14 DEC 19 AM 10:37

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lakeville Oaks Homeowners Association, Inc  
Name of Corporation

**DOCUMENT NUMBER:** N27669

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:

Karin Kirk  
Name of Contact Person

Aegis Community Management Solutions Inc.  
Firm/Company

8390 Championsgate Blvd. Suite 304  
Address

Championsgate, FL 34747  
City/State and Zip Code

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

For further information concerning this matter, please call:

Karin Kirk at 863 256-5052 #233  
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: LAKEVILLE OAKS HOMEOWNERS' ASSOCIATION, INC.
2. The principal office address: 409 E. OAKLAND AVE  
OAKLAND, FL 34787
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 07-29-88 Document number: N27669
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)

JCL Management Services

635 W. Highway 50, Suite B

Clermont, FL 34711

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

Aegis Community Management Solutions Inc.

8390 Championsgate Blvd, Suite 304

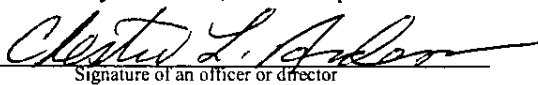
P.O. Box NOT acceptable

Championsgate, FL 33896

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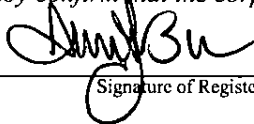
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Chester L. Anderson  
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

10-1-2014  
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