766514

(Re	equestor's Name)					
•	,					
(Address)						
(Address)						
· (Cit	ty/State/Zip/Phone	· #)				
PICK-UP	WAIT	MAIL				
(Bu	isiness Entity Nam	ne)				
(Do	ocument Number)					
Certified Copies	_ Certificates	of Status				
						
Special Instructions to	Filing Officer:					
		•				
	····					

Office Use Only



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03/11/10--01029--006 **35.00

TO MAR II PH 12: 32

RARDON8
(10/10)

COVER LETTER

TO:		ent Section of Corporations		•	
SUBJ	ECT:	Lake Ridge Vi	llage Club Ass	ociation, INC	•
DOCI	JMENT N	UMBER:	76651	4	
The er	closed Stat	ement of Change of Reg	istered Office/Agent	and fee are submi	tted for filing.
Please	return all c	orrespondence concerni	ng this matter to the	following:	
			Eric Hassen		
			Name of Contact Pe	rson	
	•				
			Firm/Company		
•					
			10630 Larissa St	reet	•
			Address		
			Orlando FL 328	21	
			City/State and Zip C	Code	· · · · · · · · · · · · · · · · · · ·
		Laka	Pidao\/illaao@am	nail com	
	-	E-mail address: (to b	RidgeVillage@gm be used for future a	nnual-report noti	fication)
		(,			·
For fu	rther inform	ation concerning this m	atter, please call:		
		Eric Hassen	at (407	351-3919
	Na	me of Contact Person		rea Code & Dayt	351-3919 ime Telephone Number
Enclos	ed is a \$35.	00 check made payable	to the Department of	State.	
		Mailing Address Amendment Sec Division of Cor P.O. Box 6327 Tallahassee, FL	tion porations	Street Address Amendment S Division of Co Clifton Buildi 2661 Executiv	ection orporations
		•		Tallahassee, F	L 32301

, STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 60 statement of change is submitted for a co in order to change its registered	orporation organize	ed under the laws of the State	of FLORIDA
The name of the corporation: <u>Lake</u> The principal office address: 10630			NC.
2. The principal office address.			
3. The mailing address (if different):	<u></u>		
4. Date of incorporation/qualification:	01/12/1983	Document number:	766514
5. The name and street address of the cur Florida Department of State: (If resign			e with the
KATHRYN SHIME	R		
4750 LARCHMON	T COURT		
ORLANDO FL 328	321		
6. The name and street address of the new (if changed):		(if changed) and /or registered	d office 10 MAR 11 PA 12: 32
ERIC HASSE	EN		_
10630 Larissa Stre	P.O. Box NOT a		— * * * * * * * * * * * * * * * * * * *
Orlando FL 32821	P.O. Box NOT a	ссерале	. 32
The street address of its registered office as changed will be identical.	e and the street ad	dress of the business office	
Such change was authorized by resolut authorized by the board, or the corporation	ion duly adopted b tion has been notif	y its board of directors or b led in writing of the change	y an officer so
1 Unica		PDeLuc	
I hereby accept the appointment as reg I further agree to comply with the proviof my duties, and I am familiar with an document is being filed merely to reflect corporation has been notified in writing	istered agent and a isions of all statute d accept the obliga t a change in the i g of this change.	Printed or typed name agree to act in this capacity serilative to the proper and ation of my position as registered office address, I h	
Signature of Registered Agent	····	3/4/10)
If signing on behalf of an entity: ERIC HASSEN Typed or Printed Name		6725	

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