## 725371

(Requestor's Name)			
(Address)			
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•			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
•			
(Business Entity Name)			
(Dusiness Littly Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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R.A.

TB 4/8-11

## COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	ECT: Forest Lakes Condominium Association, Inc.			
	Name of Corporation			
DOCUMENT N	NUMBER: 72	25371		
The enclosed Sta	atement of Change of Registered Office/	Agent and fee are submitted for filing.		
Please return all	correspondence concerning this matter to	o the following:		
		•		
	Christopher O'Connell  Name of Contact Person			
	Name of Contact Person			
	Treiser Collins PL			
	Firm/Company			
•	3080 Tamiami Trail East			
:	Address			
	Naples, Florida 34112			
•	Naples, Florida 34112 City/State and Zip Code			
	and a second life of the second			
:	coconnell@swflalaw.com  E-mail address: (to be used for future annual report notification)			
	<del> </del>	,		
:				
For further infor	mation concerning this matter, please cal	1:		
C	Christopher O'Connell	at ( 239 ) 649-4900		
	Name of Contact Person	at (239) 649-4900 Area Code & Daytime Telephone Number		
Enclosed is a \$3:	5.00 check made payable to the Departm	ent of State.		
	Mailing Address: Amendment Section	Street Address:		
	Amendment Section Division of Corporations	Amendment Section Division of Corporations		
	P.O. Box 6327	Clifton Building		

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida ange is submitted for a corporation organized under the laws of the State of	
in ord	er to change its registered office or registered agent, or both, in the State of I	Florida.
	the corporation: Forest Lakes Condominium Association,	Inc.
	l office address: 1058 Forest Lakes Drive	
Naples, F		
3. The mailing	address (if different):	
4. Date of incor	poration/qualification:05/19/1997 Document number:	725371
	d street address of the current registered agent and registered office on file wartment of State: (If resigned, enter resigned)	ith the
	Kraus & Ballenger, P.A.	_
	1072 Goodlette Rd.	
	Naples, FL 34102	TASE I
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered of	ا ساخورت
	Treiser & Collins, P.L.	
	3080 Tamiami Trail East	ED We: 26 RY OF STATE RYSEFFLORIO
	P.O. Box NOT acceptable	THE
	Naples, FL 34112	_
The street addr as changed wil	ess of its registered office and the street address of the business office of i l be identical.	ts registered agent,
Such change w authorized by t	as authorized by resolution duly adopted by its board of directors or by ar he board, or the corporation has been notified in writing of the change.	n officer so
fleren Signaly	MARY TONE Printed or typed name and to	PECK PRES
I hereby accept I further agree of my duties, an document is be corporation ha	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and cond I am familiar with and accept the obligation of my position as registere ing filed merely to reflect a change in the registered office address, I here is been notified in writing of this change.	nplete performance d agent. Or, if this by confirm that the
Christy	gnature of Registered Agent 1/10/2011  Date	<del></del>
If signing on be	ehalf of an entity:	v
Т	yped 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