

719224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

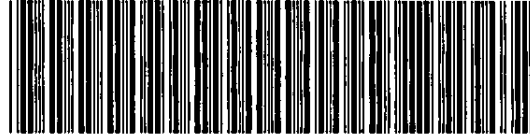
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JAN 25 2016

ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Leisureville Lake Unit G Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 719224

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:

Joshua Gerstin, Esq.

Name of Contact Person

Gerstin & Associates

Firm/Company

40 S.E. 5th Street, Suite 610

Address

Boca Raton, FL 33432

City/State and Zip Code

lisa.kochlany@gmail.com

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

For further information concerning this matter, please call:

Lisa Kochlany

Name of Contact Person

at (561) 750-3456

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 13, 2016

JOSHUA GERSTIN, ESQ.
GERSTIN & ASSOCIATES
40 S.E. 5TH STREET - STE. 610
BOCA RATON, FL 33432

SUBJECT: LEISUREVILLE LAKE UNIT G CONDOMINIUM ASSOCIATION, INC.
Ref. Number: 719224

We have received your document for LEISUREVILLE LAKE UNIT G CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 416A00000821

MAILED

16 JAN 22 PM 3:27

*Signed
Sorry!!
and thank
you!*

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: Leisureville Lake Unit G Condominium Association, Inc.

2. The principal office address: 1116 Lake Terrace, Boynton Beach, FL 33426

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/01/1970 Document number: 719224

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)

GPS Financial Group, Inc.

1100 South Federal Highway, Suite 4

Boynton Beach, FL 33435

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

Gerstin & Associates

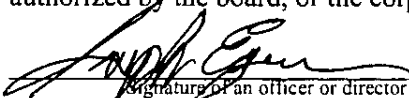
40 S.E. 5th Street, Suite 610

P.O. Box NOT acceptable

Boca Raton, FL 33432

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

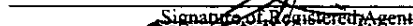
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Joseph Egan, President

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

1-4-16
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

CR2E045 (03/12)

FILED
2016 JAN 22 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA