| FEI Number: 59-2266152   |  |                 | Certificate of Status Desired: No |            |
|--|--|-----------------|-----------------------------------|------------|
| Name and Address of Current Registered Agent:  |  |                 |                                   |            |
| MAKILA, PETER<br>26 S. LAKESHO<br>HYPOLUXO, FL   | DRE DR                                   |                 |                                   |            |
| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. |  |                 |                                   |            |
| SIGNATURE  | E PETER MAKILA                           |                 |                                   | 03/13/2018 |
|  | Electronic Signature of Registered Agent |                 |                                   | Date       |
| Officer/Director Detail :  |  |                 |                                   |            |
| Title  | PD                                       | Title           | VPD                               |            |
| Name   | MAKILA, PETER MR.                        | Name            | SIM, MICHAEL MR.                  |            |
| Address  | 26 S. LAKESHORE DR                       | Address         | 25 S. LAKESHORE DR.               |            |
| City-State-Zip:  | HYPOLUXO FL 33462                        | City-State-Zip: | LAKE WORTH FL 33462               |            |
| Title  | ST                                       |                 |                                   |            |
| Name   | WAYNE, MARIAN                            |                 |                                   |            |
| Address  | 3 S. LAKESHORE DR.                       |                 |                                   |            |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIAN L. WAYNE

City-State-Zip: LAKE WORTH FL 33462

Electronic Signature of Signing Officer/Director Detail

03/13/2018

SECRETARY

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**DOCUMENT# 759568** 

Entity Name: LAKESHORE COLONY VILLA ASSOCIATION, INC.

## **Current Principal Place of Business:**

41 S LAKESHORE DR HYPOLUXO, FL 33462

## **Current Mailing Address:**

26 S. LAKESHORE DR HYPOLUXO, FL 33462 US

## FEI Number: 59-2266152

## Na

FILED Mar 13, 2018 **Secretary of State** CC6553101477

Date