## 123494

(Re	equestor's Name)	
(Address)		
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PICK-UP	☐ WAIT	MAIL MAIL
(Business Entity Name)		
(Document Number)		
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## **COVER LETTER**

TO: Amendment Section Division of Corporations SUBJECT: Lakeview of Largo Condominium Association, Inc. Name of Corporation 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: Charlotte Toth Name of Contact Person Becker & Poliakoff, P.A. Firm/Company 311 Park Place Blvd, Suite 250 Address Clearwater FL 33759 City/State and Zip Code ctoth@becker-poliakoff.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (727) 712-4000
Area Code & Daytime Telephone Number Charlotte Toth Name of Contact Person 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

Amendment Section
Division of Corporations
Clifton Building

**Street Address:** 

2661 Executive Center Circle Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 16, 2012

ELLEN HITSCH DE HAAN BECKER & POLIAKOFF 311 PARK PLACE BLVD - STE. 250 CLEARWATER, FL 33759

SUBJECT: LAKEVIEW OF LARGO CONDOMINIUM ASSOCIATION, INC

Ref. Number: 723494

We have received your document for LAKEVIEW OF LARGO 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 current-name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend 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.

Irene Albritton Regulatory Specialist II

Letter Number: 112A00018870

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

statement of change is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of FL registered agent, or both, in the State of Florida.
1. The name of the corporation: Lakeview of L	argo Condominium Association, Inc.
2. The principal office address: 14130 Rosem	
3. The mailing address (if different): c/o Resour	rce Property Management, Inc., 7300 Park Stree
4. Date of incorporation/qualification: 5/24/197	72 Document number: 723494
5. The name and street address of the current regist Florida Department of State: (If resigned, enter r	tered agent and registered office on file with the
Ellen de Haan	
311 Park Place Blvd, Su	ite 250
Clearwater FL 33759	
6. The name and street address of the new registere (if changed):	ed agent (if changed) and /or registered office
Becker & Poliakoff, P.A.	27
311 Park Place Blvd, Su	ite 250 显
	ox NOT acceptable
Clearwater FL 33759	
The street address of its registered office and the as changed will be identical.	street address of the business office of its registered agent,
Such change was authorized by resolution duly ac authorized by the board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.
Frank Bents	Frank Bennett, President
I hereby accept the appointment as registered age I further agree to comply with the provisions of a performance of my duties, and I am familiar with agent. Or, if this document is being filed merely hereby confirm that the corporation has been not	ill statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address, I ified in writing of this change.  7/23/12
Signature of Registered Agent	Date
If signing on behalf of an entity:  Ellen Hirsch de Haan	
Typed or Printed Name	

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