

731597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

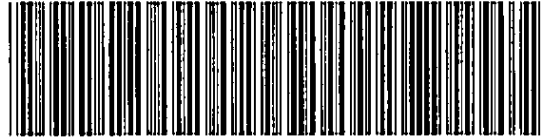
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Signatures

Office Use Only



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08/29/22--01027--001 **35.00

2022 DEC 16 PM 12:13

Re Change

DEC 27 2022

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lake of the Woods Homeowners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 731597

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:

Eva Herret
Name of Contact Person

Premier Association Management of Cfl
Firm/Company

3112 W Lake Mary Blvd
Address

Lake Mary, FL 32746
City/State and Zip Code

eva.herret@premiermgmtcfl.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Eva Herret at (407) 333-7787
Name of Contact Person 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

DEC 15 2022

December 7, 2022

EVA HERRET
PREMIER ASSOCIATION MANAGEMENT OF CFL
3112 W LAKE MARY BLVD
LAKE MARY, FL 32746

SUBJECT: LAKE OF THE WOODS HOMEOWNERS ASSOCIATION, INC.
Ref. Number: 731597

We have received your document for LAKE OF THE WOODS HOMEOWNERS 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):

You are missing both signatures on the application.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 922A00027177

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RECEIVED

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Lake of the Woods Homeowners Association, Inc.
2. The principal office address: 3112 W. Lake Mary Blvd. , Lake Mary, FL 32746
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/15/2022 Document number: 731597

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)

Andersen Management Services LLC

3701 Condel Drive

Orlando, FL 32812

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

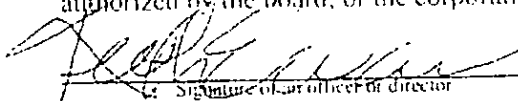
Premier Association Management of CFL

3112 W. Lake Mary Blvd, Lake Mary, FL 32746

P.O. Box NOT acceptable

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

KEITH EVANS, PRES

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.

Eva Hewitt, CAM

Signature of Registered Agent

12-16-2022

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

CR21045 (03/12)

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