747436

(Re	equestor's Name)	
(Ad	ldress)	<u></u>
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STARTE AND CONTORALIUM



September 11, 2009

JANE F. BOLIN, ESQ. PEYTONBOLIN, PL 4804 W. COMMERCIAL BLVD TAMARAC, FL 33319

SUBJECT: LAKE AND TENNIS VILLAS CONDOMINIUM ASSOCIATION, INC.

Ref. Number: 747436

We have received your document for LAKE AND TENNIS VILLAS 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 document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 309A00030052

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 FULLDA.
in order to change its registered affice or registered agent, or both, in the State of Florida. 1. The name of the corporation: UNLE TIENNIS VIIITS CONDOMINUM ASSOCIATION, THE
2. The principal office address: 9430 SW 154 CILCLE COVET MIRMI FL 33193
3. The mailing address (if different):
4. Date of incorporation/qualification: 5/31/79 Document number: 74743Lp
5. The name and street address of the current registered agent and registered office on tile with the Florida Department of State: (If resigned, enter resigned)
JONATHAN R. RUBIN P. A
9360 SUNSET DRIVE SUITE 220
MIAMI, FL 33173
6. The name and street address of the new registered agent (if changed) and for registered office (if changed):
(if changed): TANE F BOLIN, ESO. TO THE F BOLIN (TO THE PROLIN) (TO THE PROLING OF THE PROLING
4844 W. COMMPLGAL BLUD.
FF LAUDALD ALE, FL 33319
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.
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I hereby accept the appointment as registered meent and ourse to act in this capacity. I further agree to comply with the provisions of all standes 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 bying filed merely to reflect a change in the registered office address. Thereby conform that the compound on has been notified in writing of this change.
11/20/09
If signing on behalf of an entity:
JIME BOLIN
Typed or Printed Name * * * FILING FEE: \$35.00 * * *
MAKE CHECKS PANABLE TO FLORIDA DEPARTMENT OF STATE
CREEN COMMISSION OF CORPORATIONS, P.O. BOX 6327, TAULAHASSEE, FL 32314