

Office Use Only

6.08



700131642677

06/25/08--01022--025 \*\*35.00

STATEME.	FOR CORPORATIONS  he provisions of sections 607 0502 617 0502 607 1508 or 617 1508 Florida Statutes this	2.
statement of ch	he provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this change is submitted for a corporation organized under the laws of the State of Florida rder to change its registered office or registered agent, or both, in the State of Florida.	008
1. The name of	of the corporation: Lake Colony Homeowners Association, Inc.	
2. The principa	pal office address: c/o Seacrest Services, Inc., 2400 Centrepark West Drive, #175	-
West Pal	alm Beach, FL 33409	
3. The mailing	g address (if different):	
4. Date of inco	orporation/qualification: 11/26/79 Document number: 749977	'+
	and street address of the current registered agent and registered office on file with the partment of State:	
	Alan S. Zangen, P.A. ラッ 号	•
	1200 Corporate Center Way, Suite 201	
	Alan S. Zangen, P.A.  1200 Corporate Center Way, Suite 201  Wellington, FL 33414  ZECRET AND SECOND 25  Wellington, FL 33414	1
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /or registered office	į '
	Hilley & Wyant-Cortez, P.A. 음음 :	. 59
	860 U.S. Highway 1, Suite 108	
	(PO Box NOT acceptable)  North Palm Beach, FL 33408	
The street address changed will	ress of its registered office and the street address of the business office of its registered agent, ill be identical.	
Such change w authorized by	was authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
(Signal	UNCILLE UNISISIAN OF LAVE Color  (Printed or typed name and title)	17
I hereby accept I further agree of my duties, an document is bei corporation has	of the appointment as registered agent and agree to act in this capacity. The to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this eligible merely to reflect a change in the registered office address, I hereby confirm that the as been notified in writing of this change.	
Y. Clau	bigniture of Registered Agent) (Date)	
: V · CLAIR	chalf of an entity:  1-w/Ant-Coprez, P.A.  RE WANT-Coprez, Product  (Typed or Printed Name)	
\	1 T.	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

CR2E045 (8/05)