

750132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

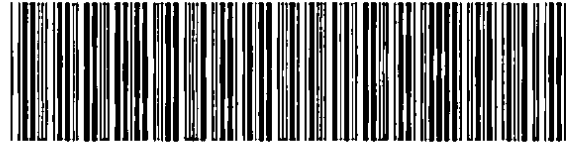
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700332838407

06/13/19--01011--015 \*\*35.00

FILED  
2019 AUG 13 P 3:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 19 2019  
T. LEMIEUX

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Lucerne Homes East Homeowners Association Inc.  
Name of Corporation

DOCUMENT NUMBER: 750132

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:

Laura Matijak  
Name of Contact Person

Lucerne Homes East Homeowners Association Inc  
Firm/Company

6314 Summer Sky Ln.  
Address

Greenacres, FL 33463  
City/State and Zip Code

LUCERNEHOMES1ST@comcast.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Matijak at ( 561 ) 968-7711  
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

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

1. The name of the corporation: Lucerne Homes East Homeowners Association  
2. The principal office address: 6314 Summer Sky Ln  
Greenacres FL 33463  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 12/11/1979 Document number: 750132

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)

Harrington, James I  
6355 Summer Sky Ln  
Greenacres FL 33463

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

Matijak, Laura  
6324 Silver Moon Ln  
Greenacres, FL 33463

P.O. Box NOT acceptable

2019 AUG 13 P 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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.

Laura Matijak, PRES  
Signature of an officer or director

LAURA MATIJAK, 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.

Laura Matijak  
Signature of Registered Agent

8/1/2019  
Date

If signing on behalf of an entity:

LAURA MATIJAK  
Typed or Printed Name

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