

750213

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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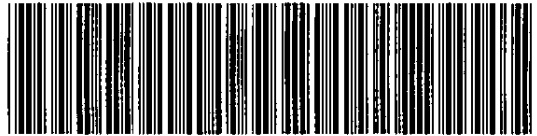
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Let. Charge
C.COULLIETTE

FEB 01 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lakewood Villas VI Homeowners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 750213

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:

Richard Knoll
Name of Contact Person

Alliance Management LLC
Firm/Company

4100 Corporate Square Suite 155
Address

Naples FL 34104
City/State and Zip Code

alliance@alliancemgmt.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kristy Moser at (239) 331 3772
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Lakewood Villas VI Homeowners Association Inc.
2. The principal office address: c/o Alliance Management
4100 Corporate Square #155 Naples FL 34104
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1979 Document number: 750213

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)

Resigned
R & P Property Management
265 Airport Road South Naples, FL 34104

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

Alliance Management
4100 Corporate Square #155
P.O. Box NOT acceptable
Naples, FL 34104

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.

Dawn Morbee
Signature of an officer or director

DAWN MORBEE
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.

[Signature]
Signature of Registered Agent

JAN, 26 2010
Date

If signing on behalf of an entity:

Richard H. Knoll
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 32304

CR2E045 (8/05)

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