

753551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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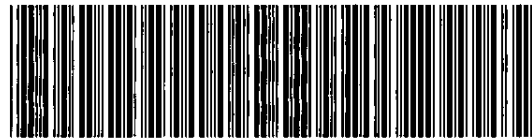
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AR
10/11/10

GELFAND & ARPE, P.A.

MICHAEL J. GELFAND*
MARY C. ARPE

ELISA L. CARLTON
TANIQUE G. LEE
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* BOARD CERTIFIED REAL ESTATE LAWYER

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SUITE 1220
WEST PALM BEACH, FL 33401

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BY APPOINTMENT:

COMPSON FINANCIAL CENTER
980 NORTH FEDERAL HIGHWAY
SUITE 434
BOCA RATON, FL

REPLY TO WEST PALM BEACH

October 6, 2010

Karen Beyer
Chief Bureau of Commercial Recording
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Lago Lucerne Homeowners Association, Inc.
/Document No.: 753551

Dear Ms. Beyer:

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: Michael J. Gelfand, Esq., Gelfand & Arpe, P.A., 1555 Palm Beach Lakes Blvd., Suite 1220, West Palm Beach, Florida 33401.

For further information concerning this matter, please call: Tanique G. Lee at (561) 655-6224.

Enclosed is a \$35.00 check made payable to: The Department of State.

Mailing Address:	Street Address:
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amendment Section Division of Corporations Clifton Bldg. 2661 Executive Center Circle Tallahassee, FL 32301

Very truly yours,



Tanique G. Lee
For the Firm

TGL/kgm
Enclosures

cc: Lago Lucerne Homeowners Association, Inc.

FAWP\00589\ctobeyer101004tgl.wpd

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

1. The name of the corporation: LAGO LUCERNE HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 4000 AUGUST DRIVE
LAKE WORTH, FL 33461
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/30/1980 Document number: 753551

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)

ROBERT STRASSBERGER

3935 AUGUST DR

LAKE WORTH, FL 33461

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

Michael J. Gelfand, Esq.

Gelfand & Arpe, P.A.

P.O. Box NOT acceptable

1555 Palm Beach Lakes Blvd., Ste. 1220, WPB, FL
33401

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.

Robert P. Strassberger
Signature of an officer or director

ROBERT P. STRASSBERGER, 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.

Michael J. Gelfand
Signature of Registered Agent

10/6/10
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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA