

756118

(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



200175103122

04/14/10--01019--023 **35.00

FILED

2010 APR 14 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

TB

APR 15 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LAKE SIDE VILLAS AT BONAVENTURE CONDOMINIUM
Name of Corporation

DOCUMENT NUMBER: 756118

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:

TRICIA L. BETTINI
Name of Contact Person

LAKE SIDE VILLAS AT BONAVENTURE CONDOMINIUM
Firm/Company

321 LAKE SIDE COURT
Address

SUNRISE, FLORIDA 33326
City/State and Zip Code

JACK@SIGNATUREPROPERTY.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TRICIA L. BETTINI at (954) 385-3235
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LAKEVILLE VILLAS AT BONANVENTURE CONDOMINIUM Association, Inc.
2. The principal office address: 321 LAKEVILLE COURT, SUNRISE, FLORIDA 33326
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/29/1981 Document number: 756118
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)

SIGNATURE PROPERTY MANAGEMENT GROUP, INC.

318 INDIAN TRACE, NO. 107, WESTON, FLORIDA 33326

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

SIGNATURE PROPERTY MANAGEMENT GROUP, INC.

304 INDIAN TRACE, NO. 107, WESTON, FLORIDA 33326

P.O. Box NOT acceptable

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.

Tricia L. Bettini, Treasurer
Signature of an officer or director

TRICIA L. BETTINI, TREASURER

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.

Jack O'Hara, Pres.
Signature of Registered Agent

MARCH 31, 2010

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

CR2E045 (8/05)