# 758085

(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:							

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ALLAHASSEE FLORIDA

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### FLORIDA DEPARTMENT OF STATE Division of Corporations

April 8, 2009

LAKESIDE XI CONDOMINIUM ASSOCIATION, INC. 15665 SW 73RD CIRCLE TERRACE MIAMI, FL 33193-1804

SUBJECT: LAKESIDE XI CONDOMINIUM ASSOCIATION, INC.

Ref. Number: 758085

We have received your document for LAKESIDE XI CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filling with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton Regulatory Specialist II

Letter Number: 609A00011864

2009 JUN 30 AM 8: C

#### **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUBJ	ECT: Lakeside XI Condominium Association, Inc. (Name of Corporation)
DOCU	JMENT NUMBER: 758085
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Frank Chavez, President (Name of Contact Person)
	Lakeside XI Condominium Association, Inc. (Firm/Company)
	15665 SW 73rd Circle Terrace (Address)
	Miami, FL 33193-1804 (City/Suite and Zip Code)
For fur	ther information concerning this matter, please call;
	Frank Chavez, President at ( 305 ) 388-6662 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclos	ed is a \$35.00 check made payable to the Department of State.
	<b>7.</b> 10.

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

#### **COVER LETTER**

TO: Amendment Section Division of Corporations								
SUBJECT: Lakeside XI Condominium Association, Inc.  Name of Corporation								
DOCUMENT NUMBER: 758085								
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:								
Frank Chavez, President								
Name of Contact Person								
Lakeside XI Condominium Association, Inc.								
Firm/Company								
15665 SW 73rd Circle Terrace								
Address								
Miami, FL 33193								
City/State and Zip Code								
lakesidexi@yahoo.com								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Frank Chavez at ( 305 ) 388-6662  Name of Contact Person Area Code & Daytime Telephone Number								
Name of Contact Person Area Code & Daytime Telephone Number								
Enclosed is a \$35.00 check made payable to the Department of State.								
Mailing Address: Street Address:								
Amendment Section Amendment Section								
Division of Cornerations Division of Corporations								

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 60 ange is submitted for a co er to change its registered	orporation organize	d under the laws of the	State of Florida	<u>a</u>
l. The name of	the corporation: Lakes	ide XI Condo	minium Associa	ation, Inc.	
	office address:		193		
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification:	10/07/1981	Document number:	75	8085
	d street address of the cur rtment of State: (If resign		at and registered office	on file with the	
	ELISEO FERRER				<i>:</i>
	175 FOUNTAINBL	EAU BLVD., St	JITE 2-E		09
	MIAMI, FL 33172				JUN AHATA
6. The name an (if changed):	d street address of the ne	w registered agent (	if changed) and /or reg	ristered office	O9 JUN 30 PM
	Frank Chavez				OFF
	15665 SW 73rd C			<del></del>	O1 35.
	Miami, FL 33193	P.O. Box NOT a	eceptable		
_	ress of its registered offi				
Such change wauthorized by	as authorized by resoluthe board, or the corpora	tion duly adopted b stion has been notif	y its board of directo ied in writing of the o	rs or by an office change.	et so
Signal	June Of an officer of director	,	Printed or typ	avez, Presider	
I hereby accep I further agree of my duties, a document is be corporation he	of the appointment as re- to comply with the pro- ting I am familiar with an eing filed merely to refle as been notified in writin	gistered agent and visions of all statut nd accept the oblig ct a change in the ng of this change.	agree to act in this ca es relative to the prop ation of my position a registered office addr	pacity. er and complete is registered ager ess, I hereby con	performance nt. Or, if this firm that the
s	ignature of Registered Agent			24, 2009 Date	<del></del>
If signing on b	pehalf of an entity:				,
Frank C	havez, Registered	Agent			
·	Typed or Printed Name	* * * FILING FE	2: \$35.00 * * * <i>O</i>	HEEK #10	15 WAS PAY
] 	MAKE CHECKS MAIL TO: DIVISION OF C	PAYABLE TO FLOR ORPORATIONS, P.C	IDA DEPARTMENT OF D. BOX 6327, TALLAH	STATE ASSEE, FL 32314	for \$35.00

CR2E045 (8/05)