

763747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

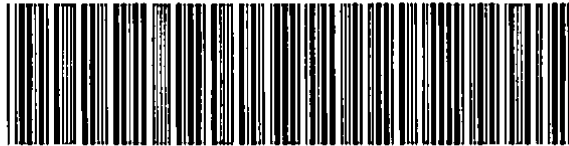
(Business Entity Name)

(Document Number)

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2020 JUN 17 10:06

R. WHITE
JUN 17 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LAKE IN THE WOODS OWNERS ASSOCIATION INC
Name of Corporation

DOCUMENT NUMBER: 763747

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:

CHRISTINE KELLY

Name of Contact Person

KIERZYNSKI & ASSOCIATES C.P.A., P.A.

Firm/Company

5143 COMMERCIAL WAY

Address

SPRING HILL, FL 34606

City/State and Zip Code

CHRISKACPA@TAMPABAY.RR.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTINE KELLY

Name of Contact Person

at (352) 597-2800

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: LAKE IN THE WOODS OWNERS ASSOCIATION INC
2. The principal office address: 4400 LAKE IN THE WOODS DRIVE
SPRING HILL, FL 34607
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/17/1982 Document number: 763747
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 SCHNEIDER

14914 WINDING CREEK COURT

TAMPA, FL 33613

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

ROBERT SCHNEIDER


7353 DOGWOOD CRESCENT

P.O. Box NOT acceptable

SPRING HILL, FL 34607

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

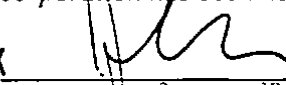
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

X 
Signature of an officer or Director

MARY ELLEN CAESAR, 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.

X 
Signature of Registered Agent

X May 20 2020
Date

If signing on behalf of an entity:

ROBERT SCHNEIDER

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