

7646 17

(Requestor's Name) _____

(Address) _____

(Address) _____

(City/State/Zip/Phone #) _____

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(Business Entity Name) _____

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lake Woodward Cove Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 764617

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:

Andrew Kurtz

Name of Contact Person

Lake Woodward Cove Association, Inc.

Firm/Company

PO Box 875

Address

Mount Dora, FL 32756

City/State and Zip Code

andrew.kurtz@fnbmd.com

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

For further information concerning this matter, please call:

Andrew Kurtz

Name of Contact Person

352 255-4713

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: Lake Woodward Cove Association, Inc.
2. The principal office address: 42 Cove Ln., Eustis, FL 32726
3. The mailing address (if different): PO Box 875, Mount Dora, FL 32756
4. Date of incorporation/qualification: 8/19/82 Document number: 764617
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)
Rachel Holtzclaw
66 Seminole Ave.
Eustis, FL 32726
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Greenlee, Kurras, Rice and Brown, P.A.
627 N. Donnelly St.
P.O. Box NOT acceptable
Mount Dora, FL 32757

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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.

John S. Rice
Signature of an officer or director

Andrew Kurtz, President

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.

John S. Rice
Signature of Registered Agent

1/13/14

Date

If signing on behalf of an entity:

John S. Rice
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 (03/12)