

764871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

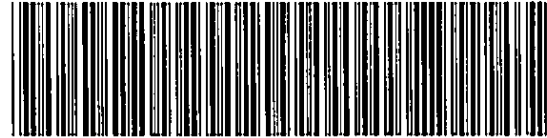
(Business Entity Name)

(Document Number)

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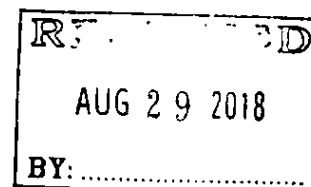
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SECRETARY OF STATE
TALLAHASSEE, FL

G. GOLDEN

SEP 19 2018

COVER LETTER



TO: Amendment Section
Division of Corporations

SUBJECT: LUCERNE LAKES GOLF COLONY CONDOMINIUM NO. 11 ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: 764871

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:

Linda Edgar

Name of Contact Person

CMC Management, Inc.

Firm/Company

2950 Jog Road

Address

Greenacres, FL 33467

City/State and Zip Code

linda@cmcmangement.biz

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

For further information concerning this matter, please call:

Linda Edgar

Name of Contact Person

at (561) 641-1016, ext. 115
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: LUCERNE LAKES GOLF COLONY CONDOMINIUM NO. 11 ASSOCIATION, INC.
2. The principal office address: 7268 Golf Colony Court
Lake Worth, FL 33467
3. The mailing address (if different): 2950 Jog Road
Greenacres, FL 33467
4. Date of incorporation/qualification: 09/23/82 Document number: 764871
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)

Edward Dicker

1818 Australian Avenue South, Suite 400

West Palm Beach, FL 33409

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

Konyk & Lemme PLLC

777 South Flagler Drive, Suite 800 - West Tower

P.O. Box NOT acceptable

West Palm Beach, 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.

Eugene T. Sullivan
Signature of an officer or director

Eugene T. Sullivan
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.

Chelle Konyk
Signature of Registered Agent

08/29/18
Date

If signing on behalf of an entity:

Chelle Konyk
Typed or Printed Name

*** FILING FEE: \$35.00 ***

FILED
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TALLAHASSEE, FL