## W. K.

# 765297

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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#### **COVER LETTER**

Division of Corporations			
SUBJECT: Emily Lane Association, Inc. Name of Corporation			
DOCUMENT NUMBER: 765297			
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: Charlie White head - President			
Mary Ellen Ruddick - Treasurer Name of Contact Person			
Enily hane Association, Inc Firm/Company			
8H Emily Landaress			
Fort Myers Beach FL 33931 City/State and Zip Code			
plabar Occation take out			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Mary Fllen Rudd, (k-Treasurer at (239) 463-8887 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



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 8, 2012

EMILY LANE ASSOCIATION, INC. 84 EMILY LN FORT MYERS BEACH, FL 33931

SUBJECT: EMILY LANE ASSOCIATION, INC.

Ref. Number: 765297

We have received your document for EMILY LANE 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 712A00005582

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

$\vec{F}$ rsuant 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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Emily Lane Association, Inc.  2. The principal office address: 8H Emily Lane  To I Mile Principal 226721
2. The principal office address: 84 Emily La
Fort Myers Beach, FL 33931
3. The mailing address (if different): Same
4. Date of incorporation/qualification: Oct. 5, 1982 Document number: 765297
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)
Fort Myers, FL 33901 82
6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):
Anne Delton, Esq.
2044 Bayside Parkway
P.O. Box NOT acceptable
tart Myers, FC 33901
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.
The Ruddick-Treasurer Hary Ellen Ruddick-Treasurer Signature of an officer or director 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.  Signature of Registered Agent  Date
If signing on behalf of an entity:
Typed or Printed Name

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