

760335

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(City/State/Zip/Phone #)

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*R. White*  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lago Vista Homeowners Association of Pensacola Inc  
Name of Corporation

**DOCUMENT NUMBER:** 766335

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:

**Cindy Santos**

Name of Contact Person

Lago Vista Homeowners Association of Pensacola Inc Board of Directors

Firm/Company

**7266 Lago Vista CT**

Address

**Pensacola FL 32506**

City/State and Zip Code

**lvhaofpensacola@yahoo.com**

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

For further information concerning this matter, please call:

**Cindy Santos**

Name of Contact Person

at ( **850** ) **4585747**

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: Lago Vista Homeowners Association of Pensacola Inc

2. The principal office address: 7266 Lago Vista CT Pensacola FL 32506

3. The mailing address (if different): P.O. Box 3578 Pensacola FL 32516-3578

4. Date of incorporation/qualification: 12/28/82 Document number: 766335  
5/26/88

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)

Cindy Santos

7259 Lago Vista CT

Pensacola FL 32506

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

Cindy Santos

7266 Lago Vista CT

P.O. Box NOT acceptable

Pensacola FL 32506

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.

Cindy Santos  
Signature of an officer or director

Cindy Santos 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.*

Cindy Santos  
Signature of Registered Agent

8/26/2016  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

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