

769539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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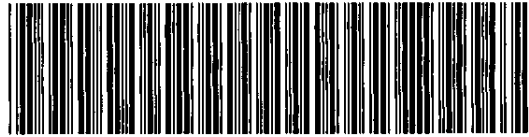
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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10 / 12/7/12

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Garden Lakes Village / Association, Inc.  
Name of Corporation

DOCUMENT NUMBER: 769539

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:

Stacia Searcy Scofero  
Name of Contact Person

Community Association Management by Stacia, Inc.  
Firm/Company

1990 Main St. Suite 750  
Address

Sarasota FL 34236  
City/State and Zip Code

stacia@cam-ss.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacia Scofero at (941) 315-8044  
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

November 13, 2012

STACIA SEARCY SCOFERO  
1990 MAIN STREET  
SUITE 750  
SARASOTA, FL 34236

SUBJECT: GARDEN LAKES VILLAGE I ASSOCIATION, INC.  
Ref. Number: 769539

We have received your document for GARDEN LAKES VILLAGE I 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):

The current name of the entity is as referenced above. Please correct your document accordingly.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

The document must contain the name and capacity of the person signing on behalf of the new registered agent.

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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 812A00027345

RECEIVED

12 DEC -7 AM 9:25

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*See attached*

**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: Garden Lakes Village I Association, INC.  
2. The principal office address: 1990 Main St. Suite 750,  
Sarasota FL 34236  
3. The mailing address (if different): Same as above

4. Date of incorporation/qualification: 7/1983 Document number: 769539

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)

Action Association Management, Inc.  
1282 4th St.  
Sarasota, FL 34236

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

Community Association Management by Stacia, Inc.  
1990 Main St. Suite 750  
P.O. Box NOT acceptable  
Sarasota FL 34236

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.

Mary Lou Moore  
Signature of an officer or director

MARY LOU MOORE  
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]  
Signature of Registered Agent

10-29-12  
Date

If signing on behalf of an entity:

Stacia M. Scifero / President  
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)