

# N00853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

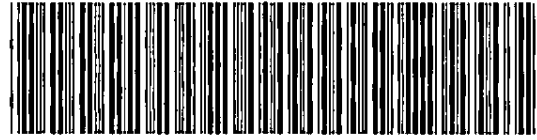
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lakeshore Village Condominium Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N00853

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:

Peter Reck  
Name of Contact Person

LSV  
Firm/Company

6051 Wilshire Blvd. FL 34238  
Address

Sarasota, FL 34238  
City/State and Zip Code

lsvoffice1@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter at (941) 922-0967  
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

**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: Lakeshore Village Condominium Association, Inc.  
2. The principal office address: 6051 Wilshire Blvd., Sarasota, FL 34238  
3. The mailing address (if different): 6044 Wilshire Blvd., Sarasota, FL 34238  
4. Date of incorporation/qualification: 01/11/1984 Document number: N00853

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)

Becker & Poliakoff, P.A.  
6230 University Parkway - STE. 204  
Sarasota, FL 34240

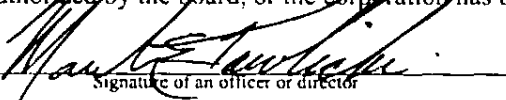
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Becker & Poliakoff, P.A.  
1819 Main Street, Suite 905  
P.O. Box NOT acceptable  
Sarasota, FL 34236

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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.

  
Signature of an officer or director

MARK PAWLICKI - 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.*

  
Signature of Registered Agent

6/26/19  
Date

If signing on behalf of an entity:

Kevin L. Edwards, Esq.  
Typed or Printed Name

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