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SECRETARY OF STATE
LALLAHASSEF FLASHE,

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COVER LETTER

TO: Ame Divi	endment Section sision of Corporations	
SUBJECT:	Heron Lakes Condominium Ass (Name of Corpo	sociation, Inc.
DOCUMEN	NT NUMBER: NO1941	
	d Statement of Change of Registered Office/Ag	ent and fee are submitted for filing.
Please return	n all correspondence concerning this matter to the	he following:
	Vinny Campbell (Name of Contact	Person)
	Argus Management of Venice (Firm/Compa	e, Inc my)
	153 Center Road (Address)	
	Venice, FL 34285 (City/State and Zi	p Code)
For further i	information concerning this matter, please call:	
Barbara C	O'Grady at (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is	a \$35.00 check made payable to the Departmen	t 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

TO:

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

-	•	•	0502, 607.1508, or 617. ganized under the laws o	•	
•	-	-	gistered agent, or both, i		
1. The name of th	ne corporation: H	eron Lakes Con	dominium Associatio	n, Inc.	
2. The principal of	office address: 15	3 Center Road,	Venice, FL 34285		
		·			
3. The mailing ac	ldress (if different	i): 153 Center R	oad, Venice, FL 34	1285	3
4. Date of incorp	oration/qualificati	ion: 03/14/84	Document num	nber: N0194	1
5. The name and Florida Depart		the current registere	ed agent and registered o	ffice on file w	ith the
	Premier Mar	nagement Se	vices		<u>₹</u> 2 8
	1777 Tamia	ımi Trail #500)		75 B _
	Pt. Charlotte	e, FL 33938			FIL EC 27 TARY
6. The name and (if changed):	street address of t	the new registered a	gent (if changed) and /o	or registered of	TEOFSTA MecConstitution & State of the Constitution of the Consti
	Argus Mana	agement of V	enice, Inc		_ <u></u> ₽ 42
	153 Center		·	-	<u> </u>
	Venice, FL	(P.O. Box NOT accep	table)		
•					
as changed will	ss of its registere be identical.	d office and the str	eet address of the busin	ness office of i	its registered agent,
Such change was authorized by the	s authorized by r e board, or the co	esolution duly ado orporation has been	pted by its board of dir i notified in writing of	ectors or by ar the change.	n officer so
Te		•			
	e of an officer of direct the appointment of	•	•	or typed name and is capacity.	
I further agree to of my duties, and document is bein corporation has	o comply with the l I am familiar w ng filed merely to been notified in	e provisions of all i ith and accept the reflect a change i writing of this cha	t and agree to act in thi statutes relative to the p obligation of my position the registered office a nge.	proper and co on as register address, I here	mplete performance ed agent. Or, if this by confirm that the
Umous	R. Cabre		,	2-20-0	5
` •	nature of Registered A	gent)		(Date)	
If signing on bel		1.			
Vincent	R. Campb yped or Printed Name)	ell			-

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