

N030000008275

Wname- noaddress

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

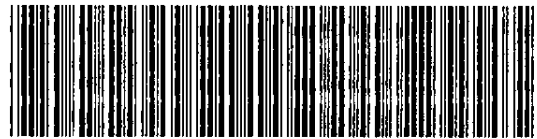
(Business Entity Name)

(Document Number)

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George

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TALLAHASSEE, FLORIDA

DR
3/25/11

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 18, 2011

Lakeside Association, Inc.
1915 Lavers Circle
E106
Delray Beach, FL 33444

SUBJECT: LAKESIDE ASSOCIATION, INC.
Ref. Number: N03000008275

We have received your document for LAKESIDE 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 document must have original signatures.

Please enlarge the document before you resubmit it.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 411A00006648

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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: Lakeside Association, Inc.
2. The principal office address: 1915 Lavers Circle, E106, Delray Beach, FL 33444
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 08/12/2004 Document number: N03000008275
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)

Hilley Wyant Cortez

860 U.S. Highway One, Suite 108

North Palm Beach, FL 33408

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

Associated Corporate Services

6111 Broken Sound Parkway NW, Suite 200

P.O. Box NOT acceptable

Boca Raton, FL 33487

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

JOSEPH LARUE - 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

2/28/2011
Date

If signing on behalf of an entity:

Louis Caplan, Esquire
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 (8/05)

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TALLAHASSEE, FLORIDA

ok