

N03401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

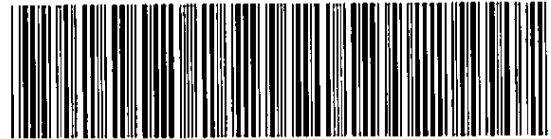
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUN 20 2024

Office Use Only



100430787641

08/04/24--01017--019 **35.00

FILED
2024 JUN -4 PM 3:53

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Leisure Lakes Property Owners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N03401

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:

David Ambrose
Name of Contact Person
Leisure Lakes Property Owners Association, Inc.
Firm/Company
3965 Leisure Lakes Drive
Address
Chipley, FL 32428
City/State and Zip Code

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

For further information concerning this matter, please call:

Gail Gaines, Treasurer at (850) 773-3843
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: Leisure Lakes Property Owners Association, Inc.
2. The principal office address: 3965 Leisure Lakes Drive
Chipley, FL. 32428
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/1/1984 Document number: N03401
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)

Dunlap & Shipman, PA

2065 County Highway 365

Santa Rosa Beach, FL 32459

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

David Ambrose

3965 Leisure Lakes Drive

P.O. Box NOT acceptable

Chipley, FL 32428

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.

Gail Gaines
Signature of an officer or director

Gail Gaines, Treasurer
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.

David Ambrose
Signature of Registered Agent

5/22/24
Date

If signing on behalf of an entity:

David Ambrose
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 (04/13)