

N04296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

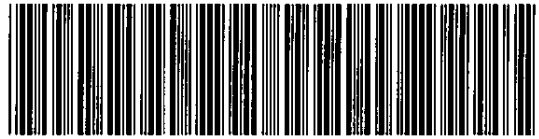
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 JUL 16 AM 10:17

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B.A.

TB

JUL 17 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Park Lake Association #2, Inc
Name of Corporation

DOCUMENT NUMBER: N04296

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:

Christine Outlaw, President
Name of Contact Person

Park Lake Assoc. #2, Inc
Firm/Company

P.O. Box 1788
Address

Winter Haven, FL 33882
City/State and Zip Code

parklake2owners@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine Outlaw at 863, 298-8762
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

July 2, 2009

CHRISTINE OUTLAW
PARK LAKE ASSOCIATION NUMBER TWO, INC.
PO BOX 1788
WINTER HAVEN, FL 33882

SUBJECT: PARK LAKE ASSOCIATION NUMBER TWO, INC.
Ref. Number: N04296

We have received your document for PARK LAKE ASSOCIATION NUMBER TWO, 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 document must have original signatures.

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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 209A00022838

RECEIVED
JUL 16 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Park Lake Association Number Two, Inc.
2. The principal office address: 2037 San Marcos Dr. # 107
Winter Haven, FL 33880
3. The mailing address (if different): P.O. Box 1788
Winter Haven, FL 33882
4. Date of incorporation/qualification: 7/20/1984 Document number: NO4296
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)

Richard A. Tenaglia (resigned)
Creative Association Services Inc.
2045 San Marcos Dr
Winter Haven, FL 33880

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

Barbara Billiot Stage
5401 S. Kirkman Rd Suite 310
P.O. Box NOT acceptable
Orlando, FL 32819

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.

Jolene F. Berry
Signature of an officer or director

Jolene F. Berry / Sec.
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.

Barbara Billiot Stage
Signature of Registered Agent

07-13-09
Date

If signing on behalf of an entity:

BARBARA BILLIOT STAGE
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)