N04686

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Mary of John Standard

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statu statement of change is submitted for a corporation organized under the laws of the State of Flocing in order to change its registered office or registered agent, or both, in the State of Florid	rida		
1. The name of the corporation: Five Lakes Condominium Association, Inc.			
2. The principal office address: 3441 51st Avenue Cir W. Bradenton, FL 34210			
3. The mailing address (if different):			
4. Date of incorporation/qualification: 8/14/84 Document number: N04686			
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	e ALCA	الْد 07	
James W. Hart, Jr.	SAL	2 2	
2180 West SR 434, Suite 500	SEE.	7 P	1
Longwood, FL 32779-5044	F STA	PH 1: 0	C
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	AID V	80	
Becker & Poliakoff, P.A.			
David G. Muller, Esq.			
(P.O. Box NOT acceptable) 630 S. Orange Avenue, Sarasota, FL 34236			
The street address of its registered office and the street address of the business office of its regas changed will be identical.	gistered a	gent,	
Such change was authorized by resolution duly adopted by its board of directors or by an offi authorized by the board, or the corporation has been notified in writing of the change.	cer so		
Nancy O'Tools The Nancy O'Tool	asuna	R	
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 complet of my duties, and I am familiar with and accept the obligation of my position as registered ag document is being filed merely to reflect a change in the registered office address, I hereby co corporation has been notified in writing of this change.	te perform ent. Or onfirm the	nance if this at the	
(-5-0)			
(Signature of Registered Agent) (Date)	·		
If signing on behalf of an entity:			
(Typed or Printed Name)			
* * * FILING FEE: \$35.00 * * *			
MAKE CHECKS DAVADI E TO ELODIDA DEPARTMENT DE STATE			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)