W05000004364

(Re	questor's Name)
•	•	
(Ád	dress)	
(Ad	dress)	
(0):	ACA-A-IZia (Dlasa	
(CII	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(D.	-i	
(ви	siness Entity Na	me)
(Do	cument Number	·)
Certified Copies Certificates of Status		s of Status
Special Instructions to	Filing Officer:	





800214363598

11/18/11--01006--018 **35.00

faxo ch

11 NOV 18 PH 3: 54
SECRETARY OF STATE
AND LAHASSEE FLORIDA

Mn 19-6

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Lakes of Jacaranda Condominium Association Name of Corporation Inc.
DOCUMENT NUMBER: N 050000 4364
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:
Name of Contact Person
5 tevens > Goldwyn, P.A.
2 South University Drive #315
Plantation, FL 33324 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (954) 458-9393 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

Lakes Jacobs

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
1. The name of the corporation: Lakes of Jacuranda Condominium Association, 2. The principal office address: Yo Benchmark Property M6MT. 7932 Wilts Road, Coral Springs FL 33067 3. The mailing address (if different):
4. Date of incorporation/qualification: 4/27/205 Document number: NO50000 436 4
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) Raye Sendar P. A
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. Oren Showel, Treasure 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 for how been notified in writing of this change.
Signature of Registered Agent If signing on behalf of an entity: 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)