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Account Name : PHOENIX LAW PARTNERS, P.A.

Account Number : I20030000088 Phone : {239}461-0024 Fax Number : (239)461-0083

REGISTERED AGENT CHANGE

LAKE CADIS ESTATES HOMEOWNERS ASSOCIATION.

RECEIVED
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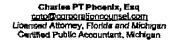
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01 5/24



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> Noelle M Malenson, Esq nntBoorporationcounsel.com Licensed Attorney, Florida

Holly A Bower, Esq horizonationcounsel.com Licensed Attorney, Florida

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To:	Division of Corpor	rations	From:	Holly Bower	
Fax:	c 850-205-0380		Pages:	4	
Phone:			Date:	May 24, 2005	
Re:	Registered Agent Change		ÇC:		
Urgent	For Review	Please Comm	nent	Please Reply	Please Recycle

Comments:

Statement of Change for Registered Office or Registered Agent for Corporations is attached.

Thanks!

Holly

12800 University Drive, Suite 260, Fort Myers, Florida 33907 Telephone 239.461.0101 Telefax 239.461.0083

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Lake Cadis Estates Homeowners Association, Inc. (Name of corporation)
DOCUMENT NUMBER: N05000004451
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:
Holly A Bower, Esq
(Name of contact person)
Phoenix Law Partners PA
(Firm/Company)
12800 University Drive, Suite 280
(Address)
Ford Rivers CL 92007
Fort Myers, FL 33907 {City/state and zip code}
For further information concerning this matter, please call:
Terri Recknor at (305) 903-0296
(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 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399
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CR2E045(6/04)

FROM PHOENIX LAW PARTNERS

(((H05000130406 3)))

(TUE) MAY 24 2005 9:32/ST. 9:31/No. 6660277925 P 4

FROM PHOENIX LAW PARTNERS

(MON) MAY 23 2005 14:49/ST. 14:48/No. 6660277904 P 2

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

	PORCOS	TORALIONS		
Pursuant to the	provisions of sections 607.0302, 617.0	1 502, 6 07.1508, or 617.1508, 1	Florida Statutes, this	
statement of ch	unge is submitted for a corporation org	conized under the laws of the S	Vale of Florida	
in ord	ler to change its registered office or regi	istered agent, or both, in the S	voic of Florida	
	the corporation: Lake Cadis Estates H			
2. The principa	l office address: 2709 Cypress Manor	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
Weston, FL	33332	·		
3. The mailing	eddress (if different):		· ·	·
4. Date of incom	poration/qualification; 04/28/05	Document monber: N	105000004451	
	d street address of the current registered atment of State;	agent and registered office on	ı filo with the	
	Allison, Janet E		TAL SE	
	6150 Diamond Centre Ct Bldg 1300		CRETI	$\overline{\Pi}$
	Ft Myers; FL 33912		Y 24	
 The name and (if changed): 	d screet address of the new registered ag	ent (if changed) and /or regists	ered office	
	Charles PT Phoenix, Esq		84 STE	•
	12800 University Drive, Suite 260			
	(P.O. Bun NOT acceptable Fort Myrers, FL 33907	(c)		
	FOLLWARDS, FE GOSON			•
The street adding as changed will	ess of its registered office and the street be identical.	et address of the business offi	ce of its registered ag	ent,
Such change wi authorized by the	es guthorized by resolution duly adopt to board, or the corporation has been in	ed by its board of directors of totified in writing of the chan	r by an officer so	•
1	i allena	TEKLI R	ecknar.	
hereby accept I further agree to of my duties, an locument is best corporation has	the appointment as registered agent a to comply with the provisions of all sta d I am familiar with and accept the ob ng filed merely to reflect a change in t been notified in writing of this chang	nd agree to act in this capaci types relative to the proper a vitgation of my position as req the registered office address, s.	ity. id complete perform gistered agent. Or, ij Thereby confirm that	ance this the
عرسي		•		•
(59	mattime of Registered Agent)	(Date)		سها
f signing on be	half of an entity:			
(1)	pped or Frinted Name)			
	•			

** * FILING FEE: \$35.00 * * *

MAKI MAIL TO: DIVIS t op State Lahassee, FL 32314