

(((H05000130406 3)))

**N05000004451**

Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 205-0380

## From:

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, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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05 MAY 24 AM 9:38

DIVISION OF CORPORATIONS

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# PHOENIX

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To:	Division of Corporations	From:	Holly Bower
Fax:	850-205-0380	Pages:	4
Phone:		Date:	May 24, 2005
Re:	Registered Agent Change	CC:	
Urgent	For Review	Please Comment	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

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**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)

Fort Myers, FL 33907  
(City/state and zip code)

For further information concerning this matter, please call:

Terri Recknor at ( 305 ) 903-0298  
(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 32399

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**

*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: Lake Cadis Estates Homeowners Association, Inc.

2. The principal office address: 2709 Cypress Manor  
Weston, FL 33332

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 04/28/05 Document number: N05000004451

5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State:

Allison, Janet E  
6150 Diamond Centre Ct Bldg 1300  
Ft Myers, FL 33912

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

Charles PT Phoenix, Esq  
12800 University Drive, Suite 260  
(P.O. Box NOT acceptable)  
Fort Myers, FL 33907

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.

[Signature]  
(Signature of an officer or director)

[Signature]  
(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.*

\_\_\_\_\_  
(Signature of Registered Agent)

\_\_\_\_\_  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

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

MAIL TO: DIVIS

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TALLAHASSEE, FL 32314

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