

N05000009253

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA0000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
EVERGLADES LAKESIDE VILLAGE HOMEOWNERS
ASSOCIATION,**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED

11 DEC 15 PM 8:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Change

12/15/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: EVERGLADES LAKESIDE VILLAGE HOMEOWNERS ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N05000009251

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:

Harold McCluskey

Name of Contact Person

Everglades Lakeside Village Homeowners Association, Inc.

Firm/Company

2315 SOUTH CHAPMAN ST.

Address

GREENSBORO NC 27403

City/State and Zip Code

seaboardboznio@netzero.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Harold M. McCluskey
Name of Contact Person

at (336) 363-2886
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

CR2E045 (3/05)

**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: Everglades Lakeside Village Homeowners Association, Inc.
2. The principal office address: 2315 SOUTH CHAPMAN ST. GREENSBORO NC 27403
3. The mailing address (if different): 2315 SOUTH CHAPMAN ST. GREENSBORO NC 27403
4. Date of incorporation/qualification: 09/08/2005 Document number: N05000009253
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)

NAPLES-LAWDOCK, INC.

1395 PANTHER LANE, SUITE 300

NAPLES FL 34109 US

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

Harold McChuskey
Signature of an officer or director

Harold McChuskey, President

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.

By: Rebecca Barth
Signature of Registered Agent

Date

If signing on behalf of an entity:

Assistant Secretary
Rebecca Barth

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

CR2B045 (8/05)

FILED
DEC 15 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA