

N05000010796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

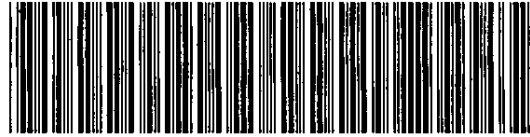
(Business Entity Name)

(Document Number)

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DC

5297 West Copans Road
Margate, Florida 33063
T | 954.486.7774 , F | 954.486.7782

Attorneys at Law



DONNA DiMAGGIO BERGER, ESQ.
dberger@KGBlawfirm.com

February 28, 2013

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Re: *Legacy at Lely Resort Condominium Association, Inc.
Change of Registered Agent***

Dear Sir / Madam:

Enclosed please find the *Statement of Change of Registered Office or Registered Agent or Both for Corporations* which has been properly completed by this office. Furthermore, enclosed please find a check made payable to the Florida Department of State in the amount of \$35.00. Should you require any further information or documentation with respect to the Change of Registered Agent for the above referenced corporation, please contact me at the number listed above.

Sincerely,

KATZMAN GARFINKEL & BERGER

A handwritten signature in black ink, appearing to be 'Donna DiMaggio Berger', written over a horizontal line.

Donna DiMaggio Berger, Esquire
Founding Partner

DDB:dts
Enclosures
cc: Michael Pascale, President

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: Legacy at Lely Resort Condominium Association, Inc.
2. The principal office address: Tropical Isles Management
12734 Kenwood Lane, #49, Ft. Myers, FL 33907
3. The mailing address (if different): same
4. Date of incorporation/qualification: 10/19/2005 Document number: N05000010796

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)

TROPICAL ISLES MANAGEMENT SERVICE, INC.

12734 KENWOOD LANE, STE 49

FT. MYERS, FL 33907 US

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

KATZMAN GARFINKEL & BERGER

5297 WEST COPANS ROAD

P.O. Box NOT acceptable

MARGATE, FLORIDA 33063

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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.

Michael Pascale
Signature of an officer or director

Mike Pascale
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]
Signature of Registered Agent

2/28/13
Date

If signing on behalf of an entity:

DONNA DIMAGGIO BERGER, ESQ.
Typed or Printed Name

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