

NO5000012711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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**Board Certified Condominium & Planned Development*

November 14, 2022

Florida Department of State
Attn: Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Re: *Lee Vista Square Homeowners Association, Inc.
Change of Registered Agent for Florida Not-For-Profit***

Dear Division:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for Corporations for the following not-for-profit corporation. Also enclosed is this firm's check number 3038 in the amount of \$35.00 to pay the fee for this change.

Corporation Name: Lee Vista Square Homeowners Association, Inc.
Document No.: N05000012711
FEI/EIN No.: 55-0913135
Date Filed: 12/19/2005

Kindly update your records accordingly. If you have any questions or require additional information, please feel free to contact me.

Best regards,

ARIAS BOSINGER, PLLC

Katie Spera

Florida Registered Paralegal

Orlando Office:

Arias Bosinger, PLLC
280 W. Canton Ave., Suite 330
Winter Park, Florida 32789
Tel: (407) 636-2549
Fax: (321) 280-2489

Respond to: Orlando Office

Melbourne Office:

Arias Bosinger, PLLC
845 E. New Haven Avenue
Melbourne, Florida 32901-4664
Tel: (321) 351-1899
Fax: (321) 280-2489

COVER LETTER

To: Amendment Section
Division of Corporations

SUBJECT: LEE VISTA SQUARE HOMEOWNERS ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N05000012711

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:

LEE VISTA SQUARE HOMEOWNERS ASSOCIATION, INC.

Name of Contact Person

c/o FirstService Residential

Firm/Company

2300 Maitland Center Pkwy, Suite 101

Address

Maitland, FL 32751

City/State and Zip Code

orlando.admin@fsresidential.com

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

For further information concerning this matter, please call:

Vanessa Hernandez

Name of Contact Person

at (407)

644-0010 ext 27327

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: LEE VISTA SQUARE HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: c/o FirstService Residential, 2300 Maitland Center Pkwy, Suite 101
Maitland, FL 32751
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/19/2005 Document number: N05000012711
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)

Becker & Poliakoff

111 N. Orange Avenue, Suite 1400

Orlando, FL 32801

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

AriasBosinger

280 W Canton Ave, Ste 330

P.O. Box NOT acceptable

Winter Park, FL 32789

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.

G. Haynes

Signature of an officer or director

Carlus Haynes

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

11/9/2022

Date

If signing on behalf of an entity:

Carlos R. Arias

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 (04/13)