N06000001159

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer;

Office Use Only

RA RO Chs 10, 3.28.04



000068055500

03/20/06--01063--028 **35.00

OG HAR 20 AM IOI OO SEC MASSEE, FLORIDA

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: LAGO PRESERVE HONEOWIERS ASSOCIATION, INC. (Name of Corporation)
DOCUMENT NUMBER: NOGOCOO / 159
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:
O.M. AMIR & CONTACT PERSON O.M. AMIR & CONTACT CHARTERED (Firm/Company)
1110 W. OAKLAND PARK BLVD #400 (Address)
SUNRISE FL 3335/ (City/State and Zip Code)
For further information concerning this matter, please call:
O. M. AMIR (Name of Contact Person) at (954) 578-6578 (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

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: LAGO PRESERVE HONEOWNERS ASSOCIATION, TAC.
2. The principal office address: 5722 S. FLAMINGO RD #238
COOPER CITY, FL 33330
3. The mailing address (if different):
4. Date of incorporation/qualification: 1-27-06 Document number: MGS00001159
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
SIMMENS, ALLEN T.
6950 CYPRESS ROAD, SUITE 208-11 ES
PLANTATION, FL 33317
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
5722 S. FLAMUSORD #238 (P.O. Box NOT acceptable)
COOPER CITY, FL 33330
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 esolution duly adopted by its board of directors or by an officer so authorized by the board, of the change.
(Signature of an officer or director) ISAC DAPA KAROFF (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 painted in writing of this change.
2/14/06 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
TSAX DARAKAREF (Typed or Printed Name)

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