

NO60000006748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

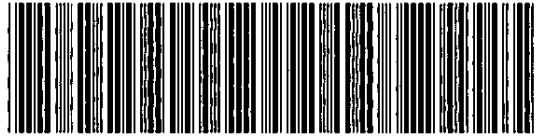
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/23/09--01006--004 **35.00

09 AUG - 7 AM 11:30

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA CHG
JLG
8/11

The date of each amendment(s) adoption: JULY 20TH, 2009
(date of adoption is required)

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated JULY 15TH, 2009

Signature _____

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

DORILIZ C DE JESUS

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2009

RICHARD WARWICK
LONESOME PINE PROPERTY PINE LANE
1607 LONESOME PINE LANE
TARPON SPRINGS, FL 34689

SUBJECT: LONESOME PINE PROPERTY OWNERS ASSOCIATION, INC.
Ref. Number: N06000006748

We have received your document for LONESOME PINE PROPERTY OWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 309A00025678

RECEIVED
2009 AUG -7 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lonesome Pine Property Owners Association, Inc
Name of Corporation

DOCUMENT NUMBER: N06000006748

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:

Richard Warwick
Name of Contact Person

Lonesome Pine Property Owners Association, Inc
Firm/Company

1607 Lonesome Pine Lane
Address

Tarpon Springs, Florida 34689
City/State and Zip Code

red1404@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Warwick at (727) 481-6687
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 27, 2009

RICHARD WARWICK
LONESOME PINE PROPERTY PINE LANE
1607 LONESOME PINE LANE
TARPON SPRINGS, FL 34689

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Ref. Number: N06000006748

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Tina Roberts
Regulatory Specialist II

Letter Number: 309A00025678

**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: Lonesome Pine Property Owners Association, Inc
2. The principal office address: 1607 Lonesome Pine Lane
Tarpon Springs, Florida 34689
3. The mailing address (if different): _____
4. Date of incorporation/qualification: June 22, 2006 Document number: N06000006748
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)

Gedert, Charles

1412 Lonesome Pine Lane

Tarpon Springs, Florida 34689

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

Richard Warwick

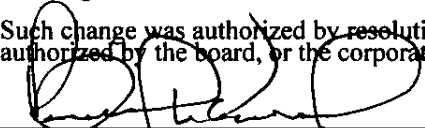
1607 Lonesome Pine Lane

P.O. Box NOT acceptable

Tarpon Springs, Florida 34689

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 of an officer or director

Richard Warwick Secretary/Treasurer

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

August 4, 2009

Date

If signing on behalf of an entity:

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 (8/05)

FILED
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
09 AUG - 7 AM 11:30