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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: THE RESERVE AT LAKE SENECA	HOMEOWNERS' ASSOCIATION, INC.
Name of Corporation	
DOCUMENT NUMBER: N06000009281	
The enclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Kevin B. Rossi, Esq.	
Name of Contact Person	
Bowen Schroth	
Firm/Company	
600 Jennings Ave	
Address	
Eustis, FL 32726	•
City/State and Zip Code	
krossi@bowenschroth.com	
E-mail address: (to be used for future annua	report notification)
For further information concerning this matter,	please call:
Kevin B. Rossi	at (352 \ \589-1414
Name of Contact Person	at (352)589-1414 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
	0
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
·	Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

1. The name of	the corporation: THE RESERV	VE AT LAKE SE	RECA HOMEOW	NERS' ASSOCIA	ATION, INC.
	office address: 35615 Seneca F				
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 08/29/2	006	Document numb	er: N0600000928	31
	d street address of the current r rtment of State: (If resigned, er		nd registered off	ice on file with t	he
	Lambert, Deanne Lynne				702
·	35615 Seneca Reserve Drive E	ustis, FL 32736			2
5. The name and (if changed):	I street address of the new regi Kevin B. Rossi, Esq. 600 Jennings Ave	stered agent (if c		registered office	210 KM 3: 41
	Eustis, Florida 32736				
	ess of its registered office and be identical. Is authorized by resolution du board, or the corporation ha				
			bert Cru	Jare	-Pres
	o of an officer or director the appointment as registered o comply with the provisions of I am familiar with and acce ng filed merely to reflect a chi been notified in writing of the		Printed or ty e to act in this c lative to the pro of my position tercd office add	ped name and title upacity, per and complet as registered ag ress, I hereby co	e performance ent. Or if this infirm that the
				Oate	

* * * 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)

Typed or Printed Name