N06000009505

(Requestor's Name)
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(10.000)
(City/State/Zip/Phone #)
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R. A. Charge

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COVER LETTER

Amendment Section Division of Corporations

SUBJECT: Lakeview Gardens Condominium Association No. 1
(Name of Corporation)
DOCUMENT NUMBER: N06000009505
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:
Barbara Mitchell
(Name of Contact Person)
Broadway Association Management, LLC
(Firm/Company)
3602 Broadway Ave
(Address)
Ft. Myers, FL 33901
(City/State and Zip Code)
For further information concerning this matter, please call:
of further information concerning this matter, please can.
Barbara Mitcheli at (239) 728-6100
(Name of Contact Person) (Area Code & Daytime Telephone Num

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida rochange its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Lakeview Gardens Condominium No. 1 Association, Inc
	office address: 1931 West Lakeview Boulevard Nyers, FL 33903
3. The mailing a	ddress (if different): 3602 Broadway Ave
4. Date of incorp	poration/qualification: Document number:
	I street address of the current registered agent and registered office on file with the tment of State:
	Richard D Deboest, II
	1415 Hendry St
	Fort Myers, FI 33903
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered of the company of t
	Broadway Association Management, LLC
	3602 Broadway Ave (P.O. Box NOT acceptable)
	Ft. Myers, FL 33901
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
Charlene	Tre of an diffice or director) CHARLENE M. JANSEN SEC'Y (Printed or typed name and title)
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance of a law in a law
1.	6/27/08
(Si	gnature of Registered Agent) (Date)
If signing on be	half of an entity:
broadu	pay ASSOC. Mant. LLC Typed b) Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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