

N06000011079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

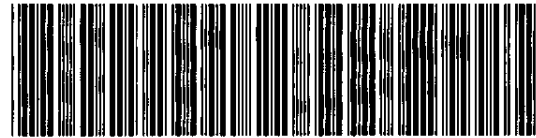
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. A. Charge
C. COULLETTE

JUL 02 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2010

LAKE MAGDALENE WOODS NEIGHBORHOOD ASSOCIATION, INC,
13014 N DALE MABRY HWY
STE # 266
TAMPA, FL 33618

SUBJECT: LAKE MAGDALENE WOODS NEIGHBORHOOD ASSOCIATION,
INC,
Ref. Number: N06000011079

Our records indicate the registered agent for the above named corporation resigned on June 14, 2010 and that the corporation currently does not have a registered agent designated.

Chapter 607/617, Florida Statutes, requires this office to give 60 days notice of our intent to dissolve a corporation for failure to appoint and maintain a registered agent.

This letter is our notice of intent to dissolve the above named corporation 60 days from the date of this letter if a registered agent is not properly designated.

Please designate a new registered agent by doing one of the following: 1) complete the enclosed registered agent designation form, 2) file the current year annual report (if applicable) or 3) file an amended annual report (again, if applicable). **Each one of these filings must be submitted with the appropriate filing fee.**

If you should need any further information, please contact our office at (850) 245-6050.

Carol Mustain
Regulatory Specialist II
Division of Corporations

Letter number: 310A00015140

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lake Magdalene Woods Neighborhood Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N06000011079

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:

Jill Kralovanec
Name of Contact Person

Lake Magdalene Woods Neighborhood Association, Inc.
Firm/Company

3012 Magdalene Woods Drive
Address

Tampa, FL 33618
City/State and Zip Code

jillk@tampabay.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jill Kralovanec at (813) 9602424
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

**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: Lake Madalene Woods Neighborhood Association, Inc.
2. The principal office address: 3012 Magdalene Woods Drive
Tampa, FL 33618
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/24/2006 Document number: N06000011079
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)

Brian Derby - Resigned

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

Jill Kralovanec

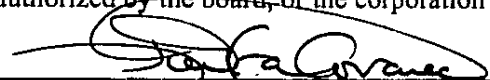
3012 Magdalene Woods Drive

P.O. Box NOT acceptable

Tampa, FL 33618

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

Jill Kralovanec

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

6/24/10

Date

If signing on behalf of an entity:

Typed or Printed Name

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