

NO7000000591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

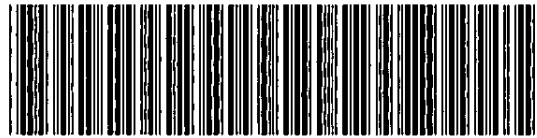
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R.A. Change

TB

1-29-09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LATERRA LINKS CONDOMINIUM ASSOCIATION, INC.  
(Name of Corporation)

**DOCUMENT NUMBER:** N07000000591

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:

KIM BALASKIEWICZ  
(Name of Contact Person)

MADISON PROPERTY MANAGEMENT SOLUTIONS  
(Firm/Company)

11512 LAKE MEAD AVE, SUITE 405  
(Address)

JACKSONVILLE, FL 32256  
(City/State and Zip Code)

For further information concerning this matter, please call:

KIM BALASKIEWICZ at ( 904 ) 641-1858  
(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: LATERRA LINKS CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 11512 LAKE MEAD AVENUE, SUITE 405  
JACKSONVILLE, FL 32256
3. The mailing address (if different): 7643 GATE PARKWAY SUITE 104, PMB 188  
JACKSONVILLE, FL 32256
4. Date of incorporation/qualification: 01/18/2007 Document number: N07000000591
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)

BARNETT, LISA H ESQ.

821 FIFTH AVENUE SOUTH STE. 201

NAPLES, FL 34113

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

KIM BALASKIEWICZ

11512 LAKE MEAD AVENUE, SUITE 405

(P.O. Box NOT acceptable)

JACKSONVILLE, FL 32256

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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.

Paola Anastasia V.P.  
(Signature of an officer or director)

Paola Anastasia V.P.  
(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.

Kim Bz  
(Signature of Registered Agent)

11/11/8  
(Date)

If signing on behalf of an entity:

Kim Balaskiewicz, MPMS, Property Manager  
(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