## M0800001779

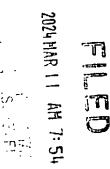
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 24, 2024

ANN WARD 1809 KEY LAKE DRIVE SEBRING, FL 33875

SUBJECT: KEY LAKE HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N08000001779

We have received your document for KEY LAKE HOMEOWNERS 二 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): 署

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) 245-6050.

Letter Number: 524A00004094

Tammi Cline Regulatory Specialist II Supervisor 2001, MAR II AH 7:

## MENT OF CHANGE OF RESISTERED 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: Keylake Homeowners Association, Inc.
2. The principal office address: ROB GREWA 1809 Key lake DRIVE Seband Florida 33875
3. The mailing address (if different):
4. Date of incorporation/qualification: 2/21/2008 Document number: Wo 8 00 000 177
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)
Steve D Kincade RESISNED
1815 Key Lake DR
1815 Key Lake DR Sebring Florida 33875
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Bruce Governer President F
1809 Key Lake De P.O. Box NOT acceptable Sebling Florida 33875
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.  AND WARD  Signature of an officer or director  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 3172024  Date
Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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

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