

N110000000267

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600235544336

05/29/12--01011--030 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 29 PM 12:05

R.A.

MAY 30 2012

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lakoya at Lely Resort Neighborhood Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N11000000267

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:

Wendy Murray
Name of Contact Person

Associa Gulf Coast
Firm/Company

~~12650 Whitehall Drive~~ 13461 PARKER COMMONS BLVD
Address #101+102

Fort Myers, FL ~~33907~~ 33912
City/State and Zip Code

dracine@bensonsinc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dianne Racine at (239) 277-0718
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: Lakoya at Lely Resort Neighborhood Association, Inc.

2. The principal office address: 12650 Whitehall Drive, Fort Myers, FL 33907

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1/11/11 Document number: N11000000267

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)

Chad Kocses
2647 Professional Circle Suite 1201
Naples, FL 34119


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY 29 PM 12:05

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

Associa Gulf Coast
~~12650 Whitehall Drive~~ 13461 PARKER COMMONS BLVD #101+102
P.O. Box NOT acceptable
Fort Myers, FL ~~33907~~ 33912

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

Chad Kocses

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

4/30/12

Date

If signing on behalf of an entity:

Wendy Murray

Typed or Printed Name

Code: 6050
5/16 BU

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