## N 11185

(Requestor's Name)
(Address)
(Address)
· ,
(City/State/Zip/Phone #)
(Ottyrotate/Ziph Holle #)
PICK-UP WAIT MAIL
:
(Business Entity Name)
: (Document Number)
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SECRETARY OF STATE
TALLARY SEE FLORID

RA. Change C.COULLIETTE

001 0 5 2009

EXAMINER

## **COVER LETTER**

Division of	Corporations						
SUBJECT: LAKESHORE 3 CONDOMINIUM ASSOCIATION, INC.  Name of Corporation							
DOCUMENT NUM	1BER:	NIII85					
The enclosed Statem	ent of Change of Registered Off	ce/Agent and fee are submitt	ed for filing.				
Please return all corr	respondence concerning this matt	er to the following:					
	•						
MICHAEL G. BASS  Name of Contact Person							
_	Name of C	ontact Person					
Michael G. Bass, P.A. Firm/Company							
	• • • • • • • • • • • • • • • • • • • •	oompan,					
	8900 S.W. 107	Avenue, Suite 206					
-	Ac	ldress					
-							
_	Miami,	FL 33176					
City/State and Zip Code							
mbass25@bellsouth.net							
E-mail address: (to be used for future annual report notification)							
For further informat	ion concerning this matter, please	e call:					
Mi	CHAEL G. BASS	at ( 305 )	595-9300				
	e of Contact Person	at (305) Area Code & Daytin	ne Telephone Number				
Enclosed is a \$35.00	) check made payable to the Dep	artment of State.					
	Mailing Address:	Street Address:					
	Mailing Address: Amendment Section	Street Address: Amendment Se					
	Division of Corporations	Division of Cor	rporations				

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## \*STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 60 inge is submitted for a co r to change its registered	rporation organize	d under the laws oj	f the State of Fl	orida	-
1. The name of t	he corporation: LAKE	SHORE 3 CC	NDOMINIUM	M ASSOCIA	ATION, IN	C
2. The principal	office address: 1270 S	. Franklin Aveni	ue, Homestead	, FL 33034		
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification:	09/19/1985	Document num	ber:	N11185	
	I street address of the curr tment of State: (If resign		t and registered of	fice on file with	the	
	Joyce Goodman-G	uenther, Esq, M	lichael Bass			
	8900 SWW 107 Av	enue, Suite 206	<u> </u>		200 S	^
	Miami, FL 33176					
6. The name and (if changed):	street address of the new	v registered agent (i	f changed) and /or	registered office	-2 AH SSEELE	i a se
	Michael G. Bass, P	P.A			907 917 917 917 917 917 917 917 917 917 91	Toursey.
	8900 S.W. 107 Ave			No. of the last of	52 AUE Klida	
	Miami, FL 33176	P.O. Box NOT ac	ceptable			
The street address changed will	ess of its registered offic be identical.	e and the street add	dress of the busine	ess office of its	registered age	nt,
	as authorized by resolutine board, or the					
Toles	e of a officer or director	<u>ki</u>	Robert Mc	Connachie, P	President	
_	the appointment as regi to comply with the provi d I am familiar with and ng fited merely to reflec to beet potified in writing	stered agent and a sions of all statute d accept the obliga t a change in the r g of this change.		• •		nce his he
	14		7/	4/09		
Sig	nature of Registered Agent			Date		_
If signing on be	half of an entity:					
	EL G. BASS, Presid	ent				

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