

NK 000004580

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

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2016 JUL -6 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

JUL 11 2016

C. CARROTHERS



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 13, 2016

GINA STOLOWSKI  
4670 CARDINAL WAY STE 302  
NAPLES, FL 34112

SUBJECT: LAGOMAR VILLAGE ASSOCIATION, INC.  
Ref. Number: N14000004580

We have received your document for LAGOMAR VILLAGE 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):

RA CANNOT SIGN FOR OFFICER OR DIRECTOR

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.

Cathy A Carrothers  
Regulatory Specialist

Letter Number: 616A00014595

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lagomar Village Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N14000004580

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:

Gina Stolowski

Name of Contact Person

Cardinal Management Group of Florida, Inc.

Firm/Company

4670 Cardinal Way, Suite 302

Address

Naples, FL 34112

City/State and Zip Code

g.stolowski@cmgflorida.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gina Stolowski

Name of Contact Person

at ( 239 ) 774-0723

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: Lagomar Village Association, Inc.
2. The principal office address: c/o Cardinal Management Group of Florida, Inc.  
4670 Cardinal Way, Suite 302, Naples, FL 34112
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 5/5/2014 Document number: N14000004580

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)

Woodward, Mark J.

4670 Cardinal Way

Naples, FL 34112

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

Cardinal Management Group of Florida, Inc.

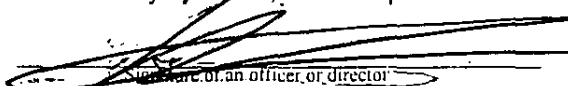
4670 Cardinal Way, Suite 302

P.O. Box NOT acceptable


Naples, FL 34112

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.

 Stewart Carter,  
Senior VP

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

6/28/2016

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Gina Stolowski

\_\_\_\_\_  
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

CR2E045 (03/12)

2016 JUL -6 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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