

N 17000002355

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

C. GOLDEN

JUL 21 2017

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lakewood Pointe Homeowners Assoc., Inc.
Name of Corporation

DOCUMENT NUMBER: N17000002355

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:

Catherine Bender

Name of Contact Person

MAY Management Services, Inc.

Firm/Company

5455 A1A South

Address

St. Augustine, FL 32080

City/State and Zip Code

customerservice1@mayresort.com

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

For further information concerning this matter, please call:

Catherine Bender

Name of Contact Person

at (904) 461-9708 X 721
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2017

CATHERINE BENDER
5455 A1A SOUTH
ST. AUGUSTINE, FL 32080

SUBJECT: LAKEWOOD POINTE HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N17000002355

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

- 1. The current name of the entity is as referenced above. Please correct your document accordingly.
- 2. The entity's date of incorporation/organization must be listed in the document.
- 3. 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) 245-6052.

Claretha Golden
Regulatory Specialist II

Letter Number: 717A00011178

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BY
TAL

RECEIVED
JUN 13 2017

BY

**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: Lakewood Pointe Homeowners Association, Inc.
2. The principal office address: 5455 A1A South
St Augustine, FL 32080
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/27/17 Document number: N17000002355

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)

John L Whiteman

104 Sea Grove Main St.

St. Augustine, FL 32082

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

Anna Marks

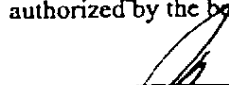
c/o MAY Management Services, Inc., 5455 A1A South

P.O. Box NOT acceptable

St. Augustine, FL 32080

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.

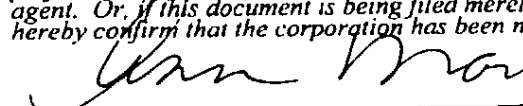


Signature of an officer or director

Robert H Hahnemann, President

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

05/02/17

Date

If signing on behalf of an entity:

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)

FILED
2017 JUL 18 PM 4:37
TALLAHASSEE, FLORIDA
SECRETARY OF STATE