# NI7000012192

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### **COVER LETTER**

Amendment Section

TO:

Division of Corporations
SUBJECT: LAKESHORE OF WEKIVA HOMEOWNER ASSOCIATION INC.
Name of Corporation
DOCUMENT NUMBER: N17000012192
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:
Keith D. Skorewicz
Name of Contact Person
Appleton Reiss, PLLC
Firm/Company
501 E. Kennedy Blvd., Suite 802
Address
Tampa, FL 33602
City/State and Zip Code
kskorewicz@appletonreiss.com
E-mail address: (to be used for future annual report notification)
Can forth a information consequing this matter, place wells
For further information concerning this matter, please call:
Keith D. Skorewicz at (813 )542-8888  Name of Contact Person at (813 )542-8888  Area Code & Daytime Telephone Number
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 Cerporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:
Amendment Section
Division of Compositions

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation	517.0502, $607.1508$ , or $617.1508$ , Florida Ston organized under the laws of the State of Figure 19 registered agent, or both, in the State of Floring 19 registered agent, or both, in the State of Floring 19 registered agent, or both, in the State of Floring 19 registered agent, or both, in the State of Floring 19 registered agent, or both, in the State of Floring 19 registered agent, or both, in the State of Floring 19 registered agent, or both, in the State of Floring 19 registered agent, or both, in the State of Floring 19 registered agent, or both, in the State of Floring 19 registered agent, or both, in the State of Floring 19 registered agent, or both, in the State of Floring 19 registered agent, or both, in the State of Floring 19 registered agent, or both, in the State of Floring 19 registered agent, or both, in the State of Floring 19 registered agent, or both, in the State of Floring 19 registered agent, or both, in the State of Floring 19 registered agent, or both, in the State of Floring 19 registered agent, or both, in the State of Floring 19 registered agent, or both 19 registered agent 19 r	LORIDA		
I. The name of t	be corporation. LAKESHORE OF	WEKIVA HOMEOWNER ASSOCIATION I	NC.		
<ol> <li>The name or the principal</li> </ol>	office address: c/o FirstService Re	sidential			
	enter Parkway, Suite 101, Maitland,		_		
3. The mailing a	ddress (if different):				_
4. Date of incorp	poration/qualification: 12/08/2017	Document number: N17000012	192		_
	I street address of the current registement of State: (If resigned, enter	stered agent and registered office on file with resigned)	the .		
	Appleton, Reiss & Skorewicz, PLI	.c			
	501 E. Kennedy Blvd., Suite 802				
	Tampa, FL 33602			2020 S	
6. The name and (if changed):	I street address of the new register	red agent (if changed) and /or registered offic	LAHAS	020 SEP 21 AM11: 54	
	Appleton Reiss, PLLC		338 338	Æ	
	501 E. Kennedy Blvd., Suite 802		STAI FL	<del></del>	`
	Tampa, FL 33602	P.O. Box. NOT acceptable	ניו	£	
The street addreas changed will	ess of its registered office and the be identical.	street address of the business office of its	registere	d agent,	
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an obeen notified in writing of the change.	fficer so		
M	Odt Young	Matthew Young			
Sign <b>āl</b> g	nex (DuSVBQERAQUErctor	Printed or typed name and title			
I hereby accept I further agree i of my duties, an document is bei corporation has	the appointment as registered as to comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chang been notified in writing of this c	gent and agree to act in this capacity, all statutes relative to the proper and comp the obligation of my position as registered ( ge in the registered office address, I hereby change.	lete perf agent. C confirm	ormance or, if this that the	
Κ,	atto okanj	9/15/2020			
	nature of Registered Agent	Date			
If signing on be	half of an entity:				
Keith D. Skorew	icz				
T	yped or Printed Name	_			
	* * * FILI	NG FEE: \$35.00 * * *			

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

### Signature Certificate

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Author

Tami Delgado

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**Document Signed By:** 

Samo Email Matt Young

matthew.young@beazer.com

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**Document History:** 

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Tami Delgado created this folder on 17 Sep 2020, 09:44:18, EDT

Invitation Sept

Invitation sent to Matt Young on 17 Sep 2020, 09:52:50, EDT

Invitation Accepted

Invitation accepted by Matt Young on 17 Sep 2020, 15:58:51, EDT



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