

U22924

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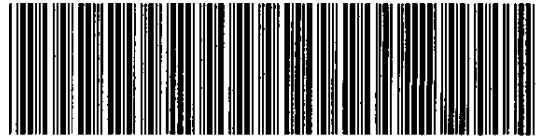
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/23/10
16

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE TERRACES AT LAKE PLACID HOMEOWNERS ASSOCIATION
Name of Corporation INC.

DOCUMENT NUMBER: ANNUAL REPORT Doc. # 122924 LAST Filed 3-4-09

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:

MARIONNA BREWSTER Pres.
Name of Contact Person

THE TERRACE AT LAKE PLACID HOMEOWNERS ASSOC
Firm/Company

PO BOX 1344

306 BEACH VIEW DR
Address

LAKE PLACID FL 33862
City/State and Zip Code

MARIONNA @ AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIONNA BREWSTER at (503) 559-7510
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: THE TERRACES AT LAKE PLACID HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 306 BEACH VIEW DR
LAKE PLACID FL 33852
3. The mailing address (if different): PO BOX 1344
LAKE PLACID FL 33862
4. Date of incorporation/qualification: Report Date Last Filed MAR 04, 2009 Document number: N22924
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)

R J Fegers
5916 MCENROE CT
LEESBURG FL 34748 US

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

CORI HOLTON
1720 PASADENA AVENUE
P.O. Box NOT acceptable
SEBRING, FL 33870

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.

Mardonna Brewster
Signature of an officer or director

MARDONNA BREWSTER, 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.

Cori Holton
Signature of Registered Agent

Date

If signing on behalf of an entity:

Typed or Printed Name

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

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AND
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10 MAR -8 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA