

N 24956

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JANUARY 13, 2023

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FEB 24 2023

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lakepoint Homeowners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N24956

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:

Linda Edgar

Name of Contact Person

Century Management Consultants

Firm/Company

2950 Jog Road

Address

Greenacres, FL 33467

City/State and Zip Code

linda@cmcmangement.biz

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

For further information concerning this matter, please call:

Linda Edgar

Name of Contact Person

at (561) 641-1016

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

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2023 FEB 13 PM 4:07
TALLAHASSEE, FL
SECRETARY OF STATE

RECEIVED JAN 27 2023



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 18, 2023

LINDA EDGAR
CENTURY MANAGEMENT CONSULTANTS
2950 JOG ROAD
GREENACRES, FL 33467

SUBJECT: LAKEPOINT HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N24956

We have received your document for LAKEPOINT HOMEOWNERS 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):

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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 723A00001166

FILE
FEB 13 2023
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: Lakepoint Homeowners Association, Inc.
2. The principal office address: 2950 Jog Road
Greenacres, FL 33467
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/23/1988 Document number: N24956
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)

Glazer & Sachs, P.A.

3113 Stirling Road, Suite 201

Fort Lauderdale, FL 33312

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

SJW Law Group, PLLC

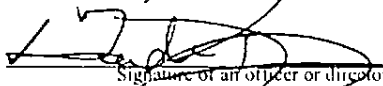
12300 South Shore Boulevard, Suite 202

P.O. Box NOT acceptable

Wellington, FL 33414

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

Freda Lucas, Secretary/Treasurer

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

2/2/2023

Date

If signing on behalf of an entity:

Scott J. Lee

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 (04/13)

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TALLAHASSEE, FL