

# N30310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

6342

707, 780

Office Use Only



000310940630

03/26/18--01036--014 \*\*25.00

04/16/18--01003--001 \*\*10.00

FILED

18 APR 13 PM 4:06

STATE OF ALABAMA  
FALL ALABAMA, ALABAMA

APR 13 2018

S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 28, 2018

LORI SMITH  
LAKESIDE ASSOCIATION  
PO BOX 478  
ESTERO, FL 33929

SUBJECT: LAKESIDE AT FOUNTAIN LAKES NEIGHBORHOOD  
ASSOCIATION, INC.  
Ref. Number: N30310

We have received your document for LAKESIDE AT FOUNTAIN LAKES NEIGHBORHOOD ASSOCIATION, INC. and check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following reason(s):

~~There is a balance due of \$10.00.~~ Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 818A00006201

RECEIVED  
18 APR 13 PM 12: 24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lakeside at Fountain Lakes  
Neighborhood Association Inc  
Name of Corporation

**DOCUMENT NUMBER:** N 30310

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:

Lori Smith

Name of Contact Person

Lakeside Association

Firm/Company

PO Box 478

Address

ESTERO, FL 33929

City/State and Zip Code

FountainLakesLakeside@gmail.com

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

For further information concerning this matter, please call:

Lori Smith

Name of Contact Person

at ( 941 ) 216-5152

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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Lakeside at Fountain Lakes - Neighborhood Association, Inc
2. The principal office address: 22201 Fountain Lakes Blvd Suite 1  
ESTERO, FL 33928
3. The mailing address (if different): PO Box 478  
ESTERO, FL 33929
4. Date of incorporation/qualification: 1/24/89 Document number: N30310
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)

Margaret M Packer  
22349 Fountain Lakes Blvd  
ESTERO, FL 33928

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

Lori Smith - Lakeside  
22201 Fountain Lakes Blvd Suite 1  
P.O. Box NOT acceptable  
ESTERO, FL 33928

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.

Lori Smith  
Signature of an officer or director

Lori Smith 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.

Lori Smith  
Signature of Registered Agent

4/10/18  
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  
18 APR 13 PM 4:06  
TALLAHASSEE, FLORIDA