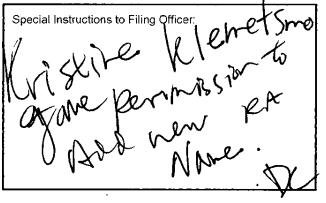
## N31408

(R	equestor's Name)
(A <sub>1</sub>	ddress)
•	
	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(В	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status



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## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

February 21, 2011

KRISTINE KLEMETSMO LUXE PROPERTY SERVICES 685 E. HILLSBORO BLVD. DEERFIELD BEACH, FL 33441

SUBJECT: LAKEVIEW TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N31408

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):

The current name of the entity is as referenced above. Please correct your document accordingly.

PLEASE LIST THE NAME OF THE NEW REGISTERED AGENT UNDER SECTION #6 OF THE DOCUMENT.

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) 245-6906.

Darlene Connell ≟Regulatory Specialist II

Letter Number: 711A00004332

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: Lakeview Townhomes Homeowners Association, Inc.  Name of Corporation						
		•				
DOCUMENT NUMBI	ER:	N31408	<del></del>			
The enclosed Statement	t of Change of Registered Offic	ce/Agent and fee are submi	tted for filing.			
Please return all corresp	oondence concerning this matte	er to the following:				
	Kristine k	Klemetsmo				
	Name of Co	ontact Person				
	LUXE Prop	erty Services				
	Firm/C	Company	<del></del>			
	685 E Hill	lsboro Blvd				
_		dress				
	Deerfield Beach, FL 33441  City/State and Zip Code					
	Only is the control of the control o	ind 2.p code				
- E	Kris@LUXEprop		<del></del>			
E-m	nail address: (to be used for	future annual report notif	rication)			
For further information	concerning this matter, please	call:				
Kristir	ne Klemetsmo	at ( 954 )	418-6650			
Name of	F Contact Person #209	at ( <u>954</u> ) Area Code & Dayti	me Telephone Number			
Enclosed is a \$35.00 ch	eck made payable to the Depar	rtment of State.				
	Mailing Address: Amendment Section	Street Address: Amendment Se	ection			
	Division of Corporations	Division of Co	prporations			
	P.O. Box 6327	Clifton Buildin	18			

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of ch	ange is submitted for a con	rporation organiza	607.1508, or 617.1508, Florida ed under the laws of the State o	<u> Florida</u>
	•	,	ed agent, or both, in the State of	
			mes Homeowners As	sociation, Inc.
2. The principal	office address: 740 SE	1 Way, Deerfi	eld Beach, FL 33441	
<del></del>		·		
3. The mailing a	address (if different):			
<del></del>				
4. Date of incor	poration/qualification:	1989	Document number:	N31408
	d street address of the current of State: (If resigne		nt and registered office on file v	vith the
	JEROME M. BIELER	R, LCAM - GATO	OR MGMT. OF SO. FL.	-
	615 Emerald Way I	<u>East</u>		
	Deerfield Beach, F	lorida 33442		
6. The name and (if changed):	d street address of the new	registered agent	(if changed) and /or registered of	office HAR
	685 E Hillsboro Blv	d		-2
	Deerfield Beach, Fl			
		P.O. Box NOT a	•	. G
	LUXE PROPERTY S	BERVICES, INC	·	
The street add as changed wi	lress of its registered offi ill be identical.	ce and the street	address of the business office	of its registered agent,
Such change authorized by	was authorized by resoluthe board, or the corporation	tion duly adopted	by its board of directors or by tified in writing of the change.	y an officer so
H J	/ani		Scott RUBIN	V.P.
_	lure of an officer or director		Printed or typed name a	nd title
I hereby accept the further agree of my duties, a document is be corporation hereby	of the appointment as reg e to comply with the prov and I am familiar with an eing filed merely to refle as been notified in writin	ristered agent and istories of all statu accept the obliged accept the obliged a change in the lig of this change.	d agree to act in this capacity. ites relative to the proper and gation of my position as regist registered office address, I he	complete performance ered agent. Or, if this ereby confirm that the
Kush	Hall Market Agent	· · · · · · · · · · · · · · · · · · ·	2/14/11 Date	
If signing on b	ehalf of an entity:		·	
	Cristine Klemetsmo Typed or Printed Name			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

CR2E045 (8/05)