N31857

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Six Mile Corporate Park 12140 Carissa Commerce Court, Suite 200 Fort Myers, Florida 33966

Phone: (239) 433-7707 Fax: (239) 433-5933

999 Vanderbilt Beach Road, Suite 501 Naples, Florida 34108

Phone: (239) 552-3200 Fax: (239) 514-2146

ADMINISTRATIVE OFFICE 3111 STIRLING ROAD FORT LAUDERDALE, FL 33312 954.987.7550

June 29, 2012

Reply To: **Naples** Gregory W. Marler, Esq. GMarler@becker-poliakoff.com

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Florida Department of State **Division of Corporations** Post Office Box 6327 Tallahassee, FL 32314

Lakeside Gardens Condominium "A" Condominium Association, Inc. / Re:

Document Number: N31857

To Whom It May Concern:

FLORIDA OFFICES

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FORT WALTON BEACH

HOLLYWOOD

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MELBOURNE'

MIAMI MIRAMAR

NAPLES

ORLANDO

PORT ST. LUCIE

SARASOTA TALLAHASSEE

ТАМРА ВАУ

WEST PALM BEACH

Enclosed please find a Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above-referenced Association. Also enclosed please find check number 1014 in the amount of \$35.00 to cover the cost of filing.

Thank you for your attention to this matter.

Gregory W. Marler

Very truly yours,

For the Firm

GWM/jcm

Enclosure (as stated)

ACTIVE: 3954352_1

U.S. & GLOBAL OFFICES

NEW YORK, NEW YORK

WASHINGTON, D.C.

MORRISTOWN, NEW JERSEY

RED BANK, NEW IERSEY

PRAGUE, CZECH REPUBLIC

*by appointment only

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	ne corporation: LAVESIDE GARDENS COMPONINIUM A CONDONINIUM ASSOCIATION, INC
2. The principal of	office address: CO RESORT MANAGEMENT, 2685 HORSESHOE DR. 5, #215
	NAPLES, FL 34104
3. The mailing ac	ldress (if different):
4. Date of incorp	oration/qualification: 4/21/1989 Document number: N31857
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
	DEDOEST, STOCKMAN, DECKER, BAH
	1415 HENDRY STREET
	Fr. MyERS, FL 33902
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office Becker & Poliakoff, P.A.
	999 Vanderbilt Beach Road, Suite 501
	P.O. Box NOT acceptable
	Naples, FL 34108 5
The street addre as changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
Jame	of an officer or director Sect Trea.
I further agree to of my duties, and document is bein	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Sigr	vo 29 12 Date
If signing on bel	half of an entity:
Getgoer	ped or Printed Name

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