N31860

•		
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bi	usiness Entity Name	e)
(Do	ocument Number)	
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SECRETARY OF STATE TALLAHASSFE, FLORIDA

OCT 23 2013 T. CARTER



StriMfleCorporate Parks 12140 Carls a Comparce Count, Suffe 200 Cont Myere, Dlorith 33233

Naples, Florida 34103. Rhone: (239):552-3200. Fax: (239) 263-1633

ADMINISTRATIVE OFFICE 3111 STIRLING ROAD FORT LAUDERDALE, FL 33312 954.987.7550

WWW.BECKER-POLIAKOFF.COM BP@BECKER-POLIAKOFF.COM

October 15, 2013

Reply To: Naples Andrew S. Provost, Esq. AProvost@bplegal.com

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

> Re: Lakeside Villas Neighborhood Association, Inc. / Document Number: N31860

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 1040 in the amount of \$35.00 to cover the cost

To Whom It May Concern:

FT. LAUDERDALE FT, MYERS

FT. WALTON BEACH

MIAMI MIRAMAR MORRISTOWN

NAPLES NEW YORK

NORTHERN VIRGINIA

ORLANDO PRAGUE RED BANK SARASOTA STUART

TALLAHASSEE

TAMPA BAY WASHINGTON, DO

WEST PALM BEACH

Thank you for your attention to this matter.

For the Firm

Very truly yours,

ASP/jcm

of filing.

Enclosure (as stated)

ACTIVE: 5111133_1

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes transfer is submitted for a corporation organized under the laws of the State ofFlorier to change its registered office or registered agent, or both, in the State of Florida.	ida	_
1. The name of	the corporation: Lakeside Villas Neighborhood Association, Inc.		
2. The principa	office address: 7600 Airport Road North, Naples, FL 34109		
3. The mailing	address (if different): (same)		`
4. Date of incom	rporation/qualification: 4/21/1989 Document number: N31860		
5. The name an	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)		
	Craig Castle		
	7600 Airport Road North		
	Naples, FL 34109	13	SEC
6. The name an (if changed):	nd street address of the new registered agent (if changed) and /or registered office	3 OCT 7 F	RETARY OF LE
	Becker & Poliakoff, P.A.	PH 4: 02	실역D
	4001 TAMIAMI TRAIL NORTH, SUITE 410	: 02	TATE
	P.O. Box NOT acceptable Naples, FL 34103		>
The street addras changed wil	ress of its registered office and the street address of the business office of its regist l be identical.	ered age	ent,
Such change wauthorized by t	vas authorized by resolution duly adopted by its board of directors or by an officer the board, or the corporation has been notified in writing of the change.	SO	
Signal	inter or an officer or director Printed or typed name and title	I V A N	y President
I further agree performance o	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as reg his doesnment is being filed merely to reflect a change in the registered office addre that the corporation has been notified in writing of this change.	istered ess, I	
	gnature of Registered Agent Date		
If signing on b	ehalf of an entity:		
Andrew S.	Provost, Esq.		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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

Typed or Printed Name