## N38689

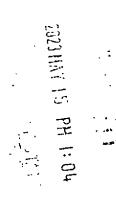
(Re	equestor's Name)	
(Ad	Idress)	
(Ac	dress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400408460124

J5 (\* 128 - 1,1625 -1315 - ##45.00



1 9 2023

## **COVER LETTER**

Amendment Section

TO:

SUBJECT: LANDMARK RESERVE HOMEOWNER Name of Corporation	S'ASSOCIATION, INC.
Table of Corporation	
DOCUMENT NUMBER: 59-3111536	
The enclosed Statement of Change of Registered O	ffice/Agent and fee are submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Spiros Pantziris	
Name of Contact Person	
LANDMARK RESERVE HOMEOWNERS' ASSOCIA	fion, Inc.
Firm/Company	
3009 Oakmont Drive	
Address	
Clearwater FL 33761	
City/State and Zip Code	
Yarıwiz@me.com	
E-mail address: (to be used for future annual re	port notification)
	•
For further information concerning this matter, plea	se call:
Spiros Pantziris	at ( 727 ) 999-0074
Name of Contact Person	at ( <sup>727</sup> ) 999-0074 Area Code & Daytime Telephone Numb

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

CR2E045 (04/13)

## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: LANDMARK RESERVE HOMEOWNERS' ASSOCIATION, INC.
Name of Corporation
DOCUMENT NUMBER: 59-3111536
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:
Spiros Pantziris
Name of Contact Person
LANDMARK RESERVE HOMEOWNERS' ASSOCIATION, INC.
Firm/Company
3009 Oakmont Drive
Address
Clearwater FL 33761
City/State and Zip Code
Yarnwiz@me.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Spiros Pantziris ar (727 ) 999-0074
Spiros Pantziris at (727 ) 999-0074  Name of Contact Person 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

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corpo	502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ration organized under the laws of the State of Florida fice or registered agent, or both, in the State of Florida.
		K RESERVE HOMEOWNERS' ASSOCIATION, INC.
	office address: 3009 Oakmon	
3. The mailing a	ddress (if different):	
4. Date of incorp	oration/qualification: 06/18/	/1990 Document number: 59-3111536
	street address of the current tment of State: (If resigned,	t registered agent and registered office on file with the enter resigned)
	SCANNAVINO, INC.	
	720 BROOKER CREEK BLVD -	
	OLDSMAR, FL 34677	20231
6. The name and (if changed):	street address of the new re	gistered agent (if changed) and /or registered office
	Spiros Pantziris	
	3009 Oakmont Drive	
		P.O. Box. NOT acceptable
	Clearwater FL 33761	
The street addre	ss of its registered office an be identical.	nd the street address of the business office of its registered agent.
Such change wa authorized by th	s authorized by resolution of the board, or the corporation	duly adopted by its board of directors or by an officer so has been notified in writing of the change.
. 81	$\Omega_{4}$	Spiros Pantziris
ヘン	e of any officer or difector	Printed or typed name and title
I hereby accept I further agree to of my duties, an document is bein corporation has	the appointment as register of comply with the provision of Lam familiar with and acong filed merely to reflect a continuous file of the	ed agent and agree to act in this capacity. as of all statutes relative to the proper and complete performance cept the obligation of my position as registered agent. Or, if this change in the registered office address. I hereby confirm that the this change.
	11	April 30, 2023
Sign	nature of Registered Agent	Date
If signing on be	half of an entity:	
Tv	ped or Printed Name	<del></del>

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