## N43753

(Requestor's Name)					
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	÷#)			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Document Number)					
Certified Copies	Certificates of Status				
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PA-Change 8/4/11 De

## **COVER LETTER**

SUBJECT: Lakeshore Gardens Homeowners' Association, Inc.							
Name of Corporation							
DOCUMENT NUMBER: N4375	3						
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:							
Joanie Trotman							
Name of Contact Person							
Florida Association & Property Management, Inc.							
Firm/Company							
2121 Killarney Way Address							
Address							
Tallahassee, Florida	32309						
City/State and Zip Code							
jtrotman@myfloridahoa.com							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Joanie Trotman at (	850 ) 727-7335						
Name of Contact Person A	850 ) 727-7335 rea Code & Daytime Telephone Number						
Enclosed is a \$35.00 check made payable to the Department of	State.						
Mailing Address:	Street Address:						
Amendment Section Division of Corporations	Amendment Section Division of Corporations						
P.O. Box 6327	Clifton Building						
Tallahassee, FL 32314	2661 Executive Center Circle						

Tallahassee, FL 32301

• • •

TO:

Amendment Section Division of Corporations

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

			77.1508, or 617.1508, Flori	
			under the laws of the State agent, or both, in the State	
	• •			•
			Homeowners' Ass	ociation, Inc.
2. The principal	office address: 2121 k	Killarney Way		
Tallahass	ee, Florida 32309			
3. The mailing a	address (if different): Po	ost Office Box 11	143	
Tallahas	see, Florida 32302			
4. Date of incor	poration/qualification: _	03/12/1997	_ Document number:	N43753
	d street address of the curtment of State: (If resign	<b>-</b>	and registered office on file	e with the
	Robert S. Rhineha	art		
	644 Capital Circle	NE		
	Tallahassee, Flori	da 32301		· A A T
6. The name and (if changed):			changed) and /or registered	office SATOR
	Florida Association	n & Property Man	agement, Inc.	— STA
	2121 Killarney Wa			
P.O. Box NOT acceptable				
	Tallahassee, Florid	da 32309		
The street address changed will	ess of its registered office be identical.	ce and the street add	ress of the business office	of its registered agent,
Such change w authorized by t	as authorized by resolut he board, or the corpora	tion duly adopted by ttion has been notifie	its board of directors or by d in writing of the change.	an officer so
Signatu	re of an officer or director		Kristen Snyder,	
I hereby accept	the appointment as rec	gistered agent and ag visions of all statutes ad accept the obligate ct a change in the re g of this change.	ree to act in this capacity. relative to the proper and ion of my position as regis gistered office address, I h	
$\bigcirc$	anie Jute	~	7/18/2011	
Sig	nature of Registered Agent		Date	
If signing on be	chalf of an entity:			
Florida Asso	ociation & Property I	Managen		

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

Typed or Printed Name