

N45678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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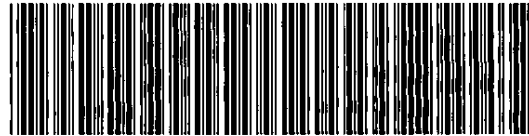
(Business Entity Name)

(Document Number)

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10 AUG 30 PM 12:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Roberts AUG 31 2010

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lake Sue Park Homeowners Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N45678

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:

Debbie Cornell, Treasurer  
Name of Contact Person

Lake Sue Park HOA  
Firm/Company

P.O.Box 140044  
Address

Orlando, FL 32803  
City/State and Zip Code

sissy1883@cfl.rr.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debbie Cornell at ( 407 ) 340-1709  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Lake Sue Park Homeowners Association, Inc.

2. The principal office address: 1849 Oak Lane Orlando, FL 32803

3. The mailing address (if different): P.O. Box 140044 Orlando, FL 32814-0044

4. Date of incorporation/qualification: Oct. 18, 1991 Document number: N45678

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Charles W. Shuffield

1000 Legion PL Gateway Center Suite 1700

Orlando, FL 32801

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Incorp Services, Inc.

17888 67th Court North

P.O. Box NOT acceptable

Loxahatchee, FL 33470

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SECRETARY OF STATE

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Debbie Cornell  
Signature of an officer or director

Debbie Cornell, Treasurer  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

Lisa Granskie for Incorp Services, Inc.  
Signature of Registered Agent

8-24-10  
Date

If signing on behalf of an entity:

Lisa Granskie for Incorp Services, Inc.  
Typed or Printed Name

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

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

CR2E045 (8/05)