

N48092

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA/RD/chs
@ 11/17/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lexington at Walden Homeowners' Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N48092

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:

Teresa Murrell
Name of Contact Person

Samouce, Murrell & Gal, P.A.
Firm/Company

5405 Park Central Court
Address

Naples, FL 34109
City/State and Zip Code

acedras10@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Teresa Murrell at (239) 596-9522
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 5, 2009

TERESA MURRELL
SAMOUCÉ, MURRELL & GAL, P.A.
5405 PARK CENTRAL COURT
NAPLES, FL 34109

SUBJECT: LEXINGTON AT WALDEN HOMEOWNERS' ASSOCIATION, INC.
Ref. Number: N48092

We have received your document for LEXINGTON AT WALDEN HOMEOWNERS' ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 209A00034923

RECEIVED
2009/16 AM 10:00
DIV OF STATE
ASSET FLORIDA

**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: Lexington at Walden Homeowners' Association, Inc.
2. The principal office address: 6499 Ilex Circle, Naples, FL 34109

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/25/1992 Document number: N48092

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)

Menzies, Robert G. Roetzel & Andress, LPA
3003 Tamiami Trail North, Ste. 270
Naples, FL 33940 US

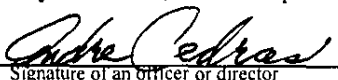
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Samouce, Murrell & Gal, P.A.
5405 Park Central Court
P.O. Box NOT acceptable
Naples, FL 34109

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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
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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.


Signature of an officer or director

ANDRE CEDRAS, SECRETARY
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.


Signature of Registered Agent

11/29/05
Date

If signing on behalf of an entity:

Robert C. Samouce, President
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)