## NRYS

| (Re                                     | questor's Name)    |             |
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| (Ad                                     | dress)             |             |
| (Cit                                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                                 | ☐ WAIT             | MAIL        |
| (Bu                                     | siness Entity Nar  | me)         |
| (Do                                     | ocument Number)    |             |
| Certified Copies                        | _ Certificates     | s of Status |
| Special Instructions to Filing Officer: |                    |             |
|   |                    |             |
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AUG 06 2014

R. WHITE

## **COVER LETTER**

| Division of Corporations  |  |  |  |
|---|--|--|--|
| SUBJECT: Lakewood Wilkse RO Association Inc. Name of Corporation                              |  |  |  |
| DOCUMENT NUMBER: N48428   |  |  |  |
| 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:                     |  |  |  |
| Sherri May  |  |  |  |
| Lakewood Village RD Association, Ine  |  |  |  |
| 1455 90 The Address   |  |  |  |
| Vero Beach FL 32966<br>City/State and Zip Code  |  |  |  |
| E-mail address: (to be used for future annual report notification)                            |  |  |  |
| For further information concerning this matter, please call:                                  |  |  |  |
| Tamra (aw.;5 Name of Contact Person  at (772) 567-4358  Area Code & Daytime Telephone Number  |  |  |  |
| Enclosed is a \$35.00 check made payable to the Department of State.                          |  |  |  |
| Mailing Address: Amendment Section  Street Address: Amendment Section                         |  |  |  |

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (03/12)

TO:

Amendment Section

## 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: Lakewood Village Ro Assoc, Inc.   |
| 2. The principal office address: 1455 90 \$\frac{12}{3}\$ Ave   |
| Vero Beach FL 32966   |
| 3. The mailing address (if different):  |
| 4. Date of incorporation/qualification: 4-17-92 Document number: N 48428  |
| 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)  |
| resigned  |
|   |
| 17  |
|   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):   |
| Margaret Bradford   |
| 528 & Francis St. 1455 90 BAVE  |
| P.O. Box NOT acceptable   |
| Hastings MI 19058 Vero Beach FL 32966   |
| 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 of director  Tohn Cox Vice Rees  Printed or types 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. |
| Margaret Bradford May 5, 2014 Signature of Registered Agent Date  |
| If signing on behalf of an entity:  |
| Margaret A. Bradford Typed or Printed Name  |

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