

N930000003345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

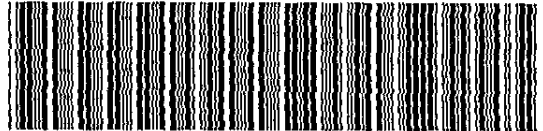
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

November 8, 2005

Lake Pierce Homeowners Association, Inc.
5070 Lake Pierce Dr.
Lake Wales, FL 33898

SUBJECT: LAKE PIERCE HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N93000003345

Please complete the enclosed form to change the registered agent/registered office. Note filing fee of \$35.

Please return a copy of this letter along with your document to ensure proper handling.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6901.

Susan Payne
Senior Section Administrator

Letter Number: 905A00066703

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LAKE PIERCE HOMEOWNERS ASSOCIATION, INC.
(Name of Corporation)

DOCUMENT NUMBER: N93000003345

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:

TIM FRAZD
(Name of Contact Person)

HOME
(Firm/Company)

5070 LAKE PIERCE DRIVE
(Address)

LAKE WALES, FLORIDA 33858
(City/State and Zip Code)

For further information concerning this matter, please call:

TIM FRAZD at (843) 435-8585
(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
P.O. Box 6327
Tallahassee, FL 32314

Pursuant to the provisions of Section 617.0501 and 617.0502, Florida Statutes, Lake Pierce Homeowners Association Inc. N93000003345, organized under the laws of the State of Florida, submits this statement for the purpose of changing it's registered office and registered agent in the State of Florida as authorized by a resolution duly adopted by the Board of Directors on the 21st day of October, 2005, to the following:

Jim Frazo
5070 Lake Pierce Drive
Lake Wales, FL 33898

Date 11/4/05

Secretary John L. R. Pitts

Acknowledgment

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with provisions of the law relative to keeping open said office.

Date 11/4/05

Registered Agent James J. Frazo

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LAKE PIERCE HOME OWNERS ASSOCIATION, INC.
2. The principal office address: 5070 LAKE PIERCE DRIVE
LAKE WALES, FLORIDA 33898
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 8/16/94 Document number: N 92000602245
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

THEODORA PITTS
4980 LAKE PIERCE DRIVE
LAKE WALES, FLORIDA 33898

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

JIM FRAZD
5070 LAKE PIERCE DRIVE
(P.O. Box NOT acceptable)
LAKE WALES, FLORIDA 33898

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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.

[Signature]
(Signature of an officer or director)

Faye Reeves
(Printed or typed name and title)
President

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]
(Signature of Registered Agent)

11/15/2005
(Date)

If signing on behalf of an entity:

(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)