N94000004066

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COVER LETTER

TO:	Amendment Section Division of Corporations								
SUBJI	Lake Victoria of Port Orange Homeowners Association, In								
SUBJI	(Name of Corporation)								
DOCU	MENT NUMBER: N9400004066								
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.								
Please	return all correspondence concerning this matter to the following:								
	Michele Barkin								
	(Name of Contact Person)								
	Nelson & Selwitz Association Management								
	(Firm/Company)								
	1190 Pelican Bay Drive,								
	(Address)								
	Daytona Beach, Florida 32119								
	(City/State and Zip Code)								
For fur	her information concerning this matter, please call:								
Mic	(Name of Contact Person) at (386) 756-3032 (Area Code & Daytime Telephone Number)								
Enclos	ed 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

The name of	the corporation:	Lake	Victor	cia of	Port	Orange	Homeov	vners	Associa
	office address:	1190	Pelica	an Bay	Drive	=	-		
. The principal	office address	Dayto	na Bea	ach, F	L 32:	119			
. The mailing a	ddress (if differer	nt):							
. Date of incorp	poration/qualifica	tion:8 /	19/94	D	ocument	number: N	940000	14066	
	l street address of tment of State:	the curren	t registere	d agent and	l registere	ed office on	file with the	;	
	Luellen	Ransh	ottom				yer , s	d. , 9	3
	991 Old	Mill	Run						西丁
	Ormond	Beach,	FL :	32174				SS	35
The name and (if changed):	street address of			gent (if cha	anged) an	d /or register	red office	E. FLORIDA	M 11: 02
	1190 Pe	lican	Bay D	cive					
			NOT accepta						
	Daytona	Beach	L, FL	32119					
he street address changed will	ess of its registere be identical.	d office a	nd the stre	eet address	of the bu	isiness offic	e of its reg	istered ag	ent,
	as authorized by a ne board, or the c								
umonzed by n	ic obaid, of the c	orporation	i ilas occii	nonnea n	i witting	or the chang	g c.		
	ire of an officer or direc	•			•	nted or typed na	•		
hereby accept further agree if my duties, an	the appointment to comply with th d I am familiar v ng filed merely to been notified in	as registe e provisio vith and a o reflect a writing oj	red agent ns of all s ccept the c change in this chan	and agree tatutes rel obligation the regist ge.	to act in ative to th of my pos ered offic	this capaci he proper as sition as reg ce address,	ty. id complete istered age I hereby co.	e performe ent. Or, if nfirm that	ince this the
orporation has	0. 2-	sin			8	- \ (- (Date)	07		
	$\frac{\mathcal{M}}{\mathcal{M}}$					(Date)	•		_
Me (Sig	nature of Registered A	gent)							

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