(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Mth

Office Use Only



000334313050

09/16/19--01005--011 \*\*95.0@



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 3, 2019

**KEVIN T WELLS** 1800 SECOND ST STE 808 SARASOTA, FL 34236

SUBJECT: FOREST PARK CONDOMINIUM ASSOCIATION, INC.

Ref. Number: 761624

We have received your document for FOREST PARK CONDOMINIUM 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):

Kevin T. Wells became registered agent on 05/15/19.

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) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 219A00020412

Document # Corrected Filing for WOODMERE LAKES HOA.

Thank You!

Tried to change wrong. Corp.

www.sunbiz.org

## **COVER LETTER**

TO: Amendment Section Division of Corporations Woodmere Lakes Homeowner's Association, Inc. Name of Corporation N95000000995 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: Kevin T. Wells, Esq. Name of Contact Person Law Offices of Wells | Olah, P.A. Firm/Company 1800 Second Street, Suite 808 Address Sarasota, FL . 34236 City/State and Zip Code kwells@kevinwellspa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kevin T. Wells Name of Contact Person 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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes inge is submitted for a corporation organized under the laws of the State of <mark>Florida</mark> ir to change its registered office or registered agent, or both, in the State of Florida.		_
1. The name of t	the corporation: Woodmere Lakes Homeowner's Association, Inc		
2. The principal	office address: 2477 Stickney Point Road, Suite118A, Sarasota I	-L 34	231
3. The mailing a	address (if different): same		
4. Date of incorp	poration/qualification: 3101/1995 Document number: N9500000	0099	5
5. The name and	I street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)		
	Loryn Hawkins		
	2477 Stickney Point Road, Suite 118A	19 0	#0[\$]AP
	Sarasota, Fl 34231	CT	91. 91.
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	9 0CT 17 PM 2	CONFORT STORYSON
	Kevin T. Wells, Esq. c/o Law Offices of Wells   Olah, P.A.	2:21	
	1800 2nd Street, Suite 808		`
	P.O. Box NOT acceptable		
	Sarasota, FL. 34236		
The street address changed will	ess of its registered office and the street address of the business office of its regist be identical.	ered ag	ent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer ne board, or the corporation has been notified in writing of the change.	so	
Michael	MICLIAE   MICLIAE   Printed or typed name and title		_
I hereby accept I further agree of performance of agent. Gr. if the hereby donfirm	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, land I ampfamiliar with and accept the obligation of my position as reg is focument in being filed merely to reflect a change in the registered office addr that the corporation has been notified in writing of this change.	gistered ess, 1	,
Sig	mature of Registered Agent 7-22-201	9_	
If signing on be	chalf of an entity:		
Kevin T. W	ells		
.1.	yped 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 (03/12)