

N95000003784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

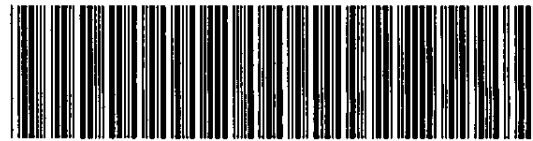
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Residences at Lakes of Newport Association, Inc.  
Name of Corporation

DOCUMENT NUMBER: N95000003784

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:

Nancy Piper  
Name of Contact Person

Sterns: Boldwyn, P.A.  
Firm/Company

2 S. University Drive #329  
Address

Plantation FL 33324  
City/State and Zip Code

npiper123@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nancy Piper at (954) 458-9393  
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

**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: Residences at Lakes of Newport Association
2. The principal office address: 41 NW 75 Ave, Plantation FL 33317 Inc.
3. The mailing address (if different): P.O. Box 1586, Plantation FL 33318
4. Date of incorporation/qualification: 8/8/1995 Document number: N9500000 3784
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)

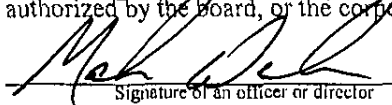
Mark Workman  
218 NW 75<sup>th</sup> Terr  
Plantation FL 33318

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

Stevens : Goldwyn, P.A.  
2 S. University Drive Suite 329  
Plantation FL 33324  
P.O. Box NOT acceptable


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

MARK WORKMAN  
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

11/7/16  
Date

If signing on behalf of an entity:

John W. Stevens III  
Typed or Printed Name

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

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DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE