

**N195000004805**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : GARTNER BROCK & SIMON  
Account Number : I19990000204  
Phone : (904) 399-0870  
Fax Number : (904) 399-1113

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*  
Email Address: chip@skinnerrealty.com

REGISTERED AGENT CHANGE

LAKE MEADOWBROOK LAKE OWNERS' ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

**RAI PD Change**

RECEIVED

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

14 SEP 26 AM 9:26

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lake Meadowbrook Lake Owners' Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N95000004805

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:

A. Chester Skinner III

Name of Contact Person

Firm/Company

2963 Dupont Avenue, Suite 2

Address

Jacksonville, FL 32217

City/State and Zip Code

chip@skinnerrealty.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

A. Chester Skinner III

Name of Contact Person

at 904 732-9400

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

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## 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: Lake Meadowbrook Lake Owners' Association, Inc.
2. The principal office address: 2963 Dupont Avenue, Suite 2  
Jacksonville, Florida 32217
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/11/1995 Document number: N95000004805
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)  
Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Bert C. Simon, Esquire  
1660 Prudential Drive, Suite 203  
P.O. Box NOT acceptable  
Jacksonville, FL 32207

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

*A. CHESTER SIMON III*  
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]*  
Signature of Registered Agent

9/26/2014  
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 (03/12)

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