## N97000001246

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Entity Name)					
(Document Number)					
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S. PRATHER

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Lake Steer Pointe Homeowners Association, Inc. Name of Corporation
DOCUMENT NUMBER: N97000001246
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:
Jan McClanahan
Name of Contact Person
Southwest Property Management of Central FL, Inc.
Firm/Company
13350 W. Colonial Drive Ste 330
Address
Winter Garden, FL 34787
City/State and Zip Code
jan@swpmcfl.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jan McClanahan at (407 ) 656-1081
Name of Contact Person at (407 ) 656-1081  Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Street Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

## 1

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation organ	92, 607.1508, or 617.1508, Florida Statute nized under the laws of the State of <u>FLOF</u> tered agent, or both, in the State of Florido	RIDA		
1. The name of t	he corporation: Lake Steer Pointe Homeo	owners Association, Inc.			
2. The principal	office address: c/o Southwest Property Ma	anagement of Central FL, Inc.			
	ial Drive Ste 330 Winter Garden, FL 347				
3. The mailing a	ddress (if different): P. O. Box 783367 V	Vinter Garden, FL 34778			
4. Date of incorp	poration/qualification: 03/07/1997	Document number: N97000001246			
	I street address of the current registered a tment of State: (If resigned, enter resigned	agent and registered office on file with the ed)			
	RESIGNED - TPS ASSOCIATION MAN	NAGEMENT SERVICES, INC.	<del>_</del>		
4327 S HWY 27 #415					
	CLERMONT, FL 34711		2021 SEP 20 SECRETARY ALLAHASSEI	<u> </u>	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  c/o Southwest Property Management of Central FL, Inc.					
c/o Southwest Property Management of Central FL, Inc.					
13350 W Colonial Drive Ste 330  P.O. Box NOT acceptable					
The street addre	ess of its registered office and the street be identical.	address of the business office of its regis	stered agent.		
Such change wa authorized by th	is authorized by resolution duly adopted ne board, or the corporation has been no	d by its board of directors or by an office of the change.	er so	2	
Signatur	re of an officer or director	Javier Larg Printed or typed name and title	<u>resid</u> e1	~ }	
I furthér agrée t of my duties, an document is bei	d Lam familiar with and accept the obt	utes relative to the proper and complete ligation of my position as registered agen te registered office address, I hereby con	n. Or, if this		
		09/13/21			
Sign	nature of Registered Agent	Date			
If signing on be	half of an entity:				

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

Typed or Printed Name