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SECRETARY OF STATE

NOV 26 2014 T. CARTER

COVER LETTER

Division of Corporations
SUBJECT: Naples Lakes country also Homeouners Association Name of Corporation Inc.
DOCUMENT NUMBER: N9800000743
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:
Bryan Roe Name of Contact Person
Naples Lakes country club Firm/Company
4784 Naples Lakes Boulevard Address
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bryon Roe at (239) 919-1152 Name of Contact Person Area Code & Daytime Telephone Number
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

TO:

Amendment Section

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

1. The nar	n order to change its registered office or registered agent, or both, in the State of Florida. me of the corporation: Naples Lakes country also Homeowners Association, Inc. ncipal office address: 4784 Naples Lakes Boslevard
·····	Naples, FL 34112
3. The ma	niling address (if different): 15ame as above)
4. Date of	Fincorporation/qualification: 1/14/98 Document number: N9800000743
	me and street address of the current registered agent and registered office on file with the Department of State: (If resigned, enter resigned)
	chris Bruhnke
ATE RIDA 1.1	4784 Inverness club Drive
를 를 들는 기를 보고 있다. 	Naples FL 34112
⊴≼ (if—lan	me and street address of the new registered agent (if changed) and /or registered office
NOV	Bryan Roe
ZA Z	* 4784 Naples Lakes Boulevard = # # # # # # # # # # # # # # # # # #
	Naples, FL 34112 * +
Such chan	t address of its registered office and the street address of the business office of its registered agent, id will be identical. Inge was authorized by resolution duly adopted by its board of directors or by an officer so d by the board, or the corporation has been notified in writing of the change.
1/ JM	Signature of an officer or director Preside Rodger S. Lauson Board Preside Printed or typed name and title
I hereby a I further a performan agent. Or hereby con	accept the appointment as registered agent and agree to act in this capacity. Eagree to comply with the provisions of all statutes relative to the proper and complete The complete of my duties, and I am familiar with and accept the obligation of my position as registered The complete of this document is being filed merely to reflect a change in the registered office address, I The corporation has been notified in writing of this change.
	Signature of Registered Agent 10/31/2014
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