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**Florida Department of State
Division of Corporations
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From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP
Account Number : 075500004387
Phone : (813) 229-7600
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**REGISTERED AGENT CHANGE
LAKESHORE ESTATES OF HILLSBOROUGH
HOMEOWNERS ASSOCIA**

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS
 H14000256363

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: Lakeshore Estates of Hillsborough Homeowners Association, Inc.
2. The principal office address: 4131 Gunn Highway, Tampa, Florida 33618
3. The mailing address (if different): _____

4. Date of incorporation/qualification: June 30, 1999 Document number: N99000004019

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)

Ellen Hirsch De Haan

311 Park Place Boulevard, Suite 250

Clearwater, FL 33759

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

Jonathan J. Ellis, Esquire

101 East Kennedy Boulevard, Suite 2800

P.O. Box NOT acceptable

Tampa, FL 33602

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

Jonathan J. Ellis, Esquire President
 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

11/3/14
 Date

If signing on behalf of an entity:

Jonathan J. Ellis
 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

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