

# COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Lakeside Woods Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N93000003283

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:

Tim W. Ryan

Name of Contact Person

Firm/Company

1200 Lakeside Woods Drive

Address

Venice, Florida 34285

City/State and Zip Code

49timryan@gmail.com

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

For further information concerning this matter, please call:

Tim W. Ryan

Name of Contact Person

at (785) 320-0579

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Lakeside Woods Association, Inc.
2. The principal office address: 1200 Lakeside Woods Drive  
Venice, Florida 34285
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: July 22, 1993 Document number: 3000005990
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)

Capri Property Management  
425 Commercial Court, Suite K  
Venice, Florida 34285

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

Tim W. Ryan  
1200 Lakeside Woods Drive  
Venice, Florida 34285  
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.

 Ronald Doering, Vice President  
Signature of an officer or director 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.*

 December 11, 2024  
Signature of Registered Agent 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

TIM W. RYAN  
KAREN RYAN  
1274 LAKESIDE WOODS DR.  
VENICE, FL 34285

83-153/1011

5015

DATE 12/11/2024

© DELLOE deluxe.com/cheque  
SPECIALTY GRAY HIGH SECURITY



PAY TO THE ORDER OF

*Department of State*  
*thirty-five + no/100*

\$ 35<sup>00</sup>

DOLLARS Heat Reactive Ink

**StateBank**  
ksstate.bank 800-588-6805

*Change of agent/address*

*[Signature]*

MEMO *Lakeside Woods Assoc*

⑆ 101101536⑆ 0621080⑆ 5015

LOOK FOR FRAUD-DETERRING FEATURES INCLUDING THE SECURITY SQUARE AND HEAT-REACTIVE INK. DETAILS ON BACK.