N0400003450

(Re	equestor's Name)	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
	_	
PICK-UP	WAIT	MAIL
	~	
(Bu	siness Entity Nan	ne)
	1	
. (Do	cument Number)	
Certified Copies	rtified Copies Certificates of Status	
On a sink to a to a since the	Filler Officer	
Special Instructions to	Filing Officer:	
	•	
·		
		

Office Use Only



500160833185

09/21/09--01051--001 **35.00

O9 SEP 21 PM 1:27
SECRETARY OF STATE
TALLAHASSEE, FI ORIO



COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Donlin Drive Homeowners Name of C	Association Inc.		
DOCUMENT NUMBER: N0400003450			
The enclosed Statement of Change of Registered Offic	e/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter	r to the following:		
Name of Co	ntact Person		
Fairman & Associates Inc.			
Firm/Company			
1651 NW 1st Court			
Address			
	•		
Boca Raton FL 33432			
City/State and Zip Code			
maintenance@fairmanassociates.com			
E-mail address: (to be used for future annual report notification)			
D man address. (to be asserted to	attare annual report nonneamon,		
For further information concerning this matter, please call:			
Fairman & Associates	at (561) 362-7224		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Depar	tment of State.		
Mailing Address: Amendment Section	Street Address: Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		
	Tallahassee FL 32301		

CR2E045 (8/05)

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 <u>Florida</u>
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Donlin Drive Homeowners Association Inc.
2. The principal office address: 1651 NW 1st Court, Boca Raton FL 33432
3. The mailing address (if different):
4. Date of incorporation/qualification: 3/31/04 Document number: N0400003450
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)
A & G Management Services-RESIGNED
11924 Forest Hill Blvd #22-221
Wellington FL 33414
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Fairman & Associates Inc.
1651 NW 1st Court
P.O. Box NOT acceptable
Boca Raton FL 33432
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 of the corporation has been notified in writing of the change.
Signature of an officer or director 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.
X tanna
Signature of Registered Agent Date
If signing on behalf of an entity:
Fairman & Associates 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 (8/05)