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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations Townhomes at Stoneybrook Condominium Association, Inc. Name of Corporation N07000004189 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: Gerard M. McTear Name of Contact Person Fairway Property Management 4560 Via Royale, Suite 1 Fort Myers, FL 33919 City/State and Zip Code gmctear@fairwaypropertymgt.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Gerard McTear Name of Contact Person

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

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

1. The name o	of the corporation: Townhome:	s at Stoneybrook Condominiu	ım Association, Inc
	al office address: 12734 Kenw ers, FL 33913	vood Lane, Suite 49	
3. The mailing	g address (if different):		
4. Date of inco	orporation/qualification: 04/23/2	2007 Document number: N07	000004189
	nd street address of the current reg partment of State: (If resigned, enter	gistered agent and registered office on file er resigned)	with the
	Shields, Christopher J		
	1833 Hendry Street		
	Fort Myers, FL 33901		90.04F
6. The name at (if changed)		ered agent (if changed) and /or registered	office AAT CC
	C/O Fairway Property I	Management	- 6 - F
	4560 Via Royale, Suite		
	Fort Myers, FL 33919	Box NOT acceptable	2: II
The street add as changed wi		ne street address of the business office of	its registered agent,
Such change vauthorized by	vas authorized by resolution duly the board, or the corporation has	adopted by its board of directors or by a been notified in writing of the change.	n officer so
19	7 Pline	Dan Kline, President	
	of the appointment as registered a to comply with the provisions of f my duties, and I am familiar wi his document is being filed merel n that the corporation has been n	Printed or typed name and agree to act in this capacity. fall statutes relative to the proper and coth and accept the obligation of my positiy to reflect a change in the registered of otified in writing of this change.	
Si	gnature of Registered Agent	Date	
	ehalf of an entity:		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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