## N 35575

(Requestor's Name)	_
(Address)	_
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(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	~
Certified Copies Certificates of Status	<u>.</u>
Special Instructions to Filing Officer:	7
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TAPLAHASSEE, FLORIDA

R-A. Change C.COULLIETTE JUL 01 2009

**EXAMINER** 

## **COVER LETTER**

Division of Corporations
SUBJECT: StoneCrest Property Owners Association, Inc.
DOCUMENT NUMBER: N 355745
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:
Jennifer Wells (Name of Contact Person)
Leland Management Inc.
109MZ Lake Gloria Blud (Address)
Orlando, FU 37809-3200 (City/State and Zip Code)
For further information concerning this matter, please call:
Unifer Wells (Name of Contact Person)  at (407) 472-4133 (Area Code & Daytime Telephone Number)
(Name of Contact Person) at (401) 772-4133 (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

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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Stonecrest Property Owners Association. Inc
2. The principal office address: 11050 St. 146th Pace, Road
Summertield, FL 34491
3. The mailing address (if different): 1972 Lake Gloria Blvd, Orlando, FU
32809-3200
4. Date of incorporation/qualification:
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)
Bebecca Furlow
5955. TG Lee RIVI
Oplando 14 22022
Oriana, Pt 32822
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Reberca Furlow
6942 Lake Gloria Blud SP 29
Orlando, FL 32809-2000
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 of an officer or director) (Printed or typed name and title)
I hereby accept the appointment as registered agent and garee to act in this canacity
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 of Registered Agent)  (Signature of Registered Agent)
If signing on behalf of an entity:
Behavior turious
(Typed or Printed Name)

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