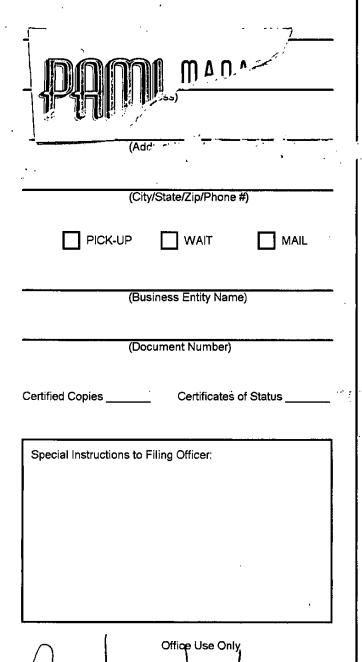
## 721405





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08/21/06--01011--017 \*\*35.00

06 SEP 20 AM 8: 07

## **COVER LETTER**

Division of Corporations						
SUBJECT: FAIRWAY OAKS CONDOM!	INIUM, INC. me of Corporation)					
	· · · · · · · · · · · · · · · · · · ·					
DOCUMENT NUMBER: 7.21465						
The enclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning thi	s matter to the following:					
Joan Korak	oek					
',	e of Contact Person)					
	.1					
PAMI Manag						
	Firm/Company)					
5041 Ringv	wood Meadow					
	(Address)					
Sarasota, FL 34235						
(City/	State and Zip Code)					
For further information concerning this matter,	please call:					
- ****11-	240 4275					
James LaValle (Name of Contact Person)	at (941) 342-4275 (Area Code & Daytime Telephone Number)					
(rame or contact religion)	(ou cout to Day inno Totopholio (Yunicot)					
Enclosed is a \$35.00 check made payable to the	Department of State. was sent on 8/10/06 (see attached)					
Mailing Address:	Street Address:					
Amendment Section	Street Address: Amendment Section					
Division of Corporat P.O. Box 6327	•					
Tallahassee, FL 3231	Clifton Building 4 2661 Executive Center Circle					
· aaa.sooo, · D 525 .	Tallahassee, FL 32301					



## FLORIDA DEPARTMENT OF STATE Division of Corporations

August 24, 2006

PAMI MANAGEMENT, INC. 5041 RINGWOOD MEADOW, SUITE 2 SARASOTA, FL 34235

SUBJECT: FAIRWAY OAKS CONDOMINIUM, INC.

Ref. Number: 721465

We have received your document for FAIRWAY OAKS CONDOMINIUM, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporation listed is the wrong corporation for Document Number 721465. Please verify you records and make the necessary corrections.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Document Specialist

Letter Number: 406A00052083

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

statement of char	nge is submitted f	ions 607.0502, 617.05 for a corporation orga gistered office or regis	mized under the la	ws of the State of <u>F</u>	lorida	
1. The name of the	ne corporation:	FAIRWAY OAK	S CONDOMIN	IUM, INC.		
2. The principal	office address:	245 Amherst	Avenue			
		Sarasota, F	L_34232			
3. The mailing ac	ddress (if differen	nt):				<del></del>
4. Date of incorp	oration/qualificat	ion: <u>11/27/84</u>	Document	number: 72146	5	
	street address of tment of State:	the current registered	agent and registere	ed office on file with	the	ı
		Becker &	Poliakoff	, PA		
		630·S. O	range Ave.		80	Division
·		Sarasota	, FL 34232		SEP	10
6. The name and (if changed):	street address of	the new registered ago	ent (if changed) an	d /or registered office	N	1 C
		PAMI Mana	gement, In	c	8: 0:	S IA
		5041 Ring (P.O. Box NOT acceptable	wood Meado	W	17	ان سارد
		· · · · · · · · · · · · · · · · · · ·	FL 34235			
The street address as changed will	ss of its registere be identical.	ed office and the stree	et address of the bu	usiness office of its r	egistered agent	t,
Such change wa authorized by th	s authorized by re board, or the co	resolution duly adopt orgoration has been r	ed by its board of notified in writing	directors or by an of of the change.	ificer so	
, •	re Avan officer or direc	•		LS. Conklin Inted or typed name and title		
I hereby accept I further agree to of my duties, and document is beir corporation has	the appointment o comply with th d I am familiar w ng filed merely to been notified in	as registered agent a e provisions of all sto vith and accept the ob o reflect a change in t writing of this chang	ind agree to act in itutes relative to ti bligation of my po the registered offic e.	this capacity, he proper and compl sition as registered o ce address, I hereby	lete performand agent. Or, if th confirm that th	ce is e
/Circ	nature of Registered A	gent)		09/15/06		
If signing on bel		gent)		(Date)		
MELVIN R	·	ent				
` `	·					

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