

741644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

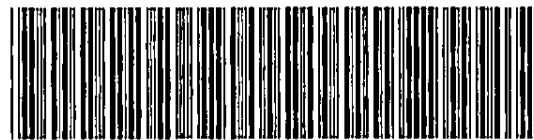
(Business Entity Name)

(Document Number)

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R. WHITE

JAN 11 2020

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Fairways Forest Civic Association, Inc.

Name of Corporation

**DOCUMENT NUMBER:** 741644

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:

**Shirley Rogers, Treasurer**

Name of Contact Person

Fairways Forest Civic Association, Inc.

Firm/Company.

6657 Iosa Drive

Address

Jacksonville, FL 32277

City/State and Zip Code

sb.rogers@comcast.net

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

For further information concerning this matter, please call:

**Shirley Rogers**

Name of Contact Person

at ( **904** ) **710-1106**

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

**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: Fairways Forest Civic Association, Inc.

2. The principal office address: 6657 Iosa Dr.  
Jacksonville, FL 32277

3. The mailing address (if different): P.O. BOX 11522  
Jacksonville, FL 32239

4. Date of incorporation/qualification: 02/17/1978 Document number: 741644

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)

Edward Everett

3570 Sandburg Rd

Jacksonville, FL 32277

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

Shirley Rogers

6657 Iosa Dr

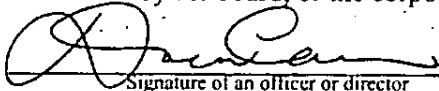
P.O. Box NOT acceptable

Jacksonville, FL 32277

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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

Doreen Cason Corresponding Secretary

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.*

  
Signature of Registered Agent

November 18, 2019

Date

If signing on behalf of an entity:

Doreen Cason

Typed or Printed Name

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