

749390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

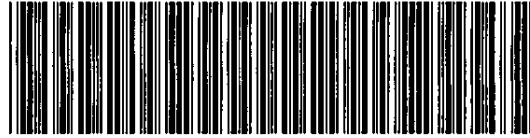
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** FAIRWAY VILLAS P.O.A., INC.  
Name of Corporation

**DOCUMENT NUMBER:** 749390

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:

NANCY HILL

Name of Contact Person

FAIRWAY VILLAS P.O.A., INC

Firm/Company

5640 MASHIE CIRCLE

Address

NORTH PORT, FL 34287

City/State and Zip Code

MGRFAIRWAYVILLAS@COMCAST.NET

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

For further information concerning this matter, please call:

NANCY D. HILL

Name of Contact Person

at ( 941 ) 426-7747

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: FAIRWAY VILLAS PROPERTY OWNERS' ASSOCIATION, INC.
2. The principal office address: 5640 MASHIE CIRCLE  
NORTH PORT, FL 34287
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 10/18/1979 Document number: 749390
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)

RICHARD FRIDINGER

5485 BRASSY LOOP

NORTH PORT, FL 34287

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

NANCY D. HILL

5640 MASHIE CIRCLE

P.O. Box NOT acceptable

NORTH PORT, FL 34287

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.

Jane Brown, Pres  
Signature of an officer or director

JANE BROWN, PRESIDENT

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.*

Nancy D. Hill  
Signature of Registered Agent

11/4/15  
Date

If signing on behalf of an entity:

NANCY D. HILL, NTH ENTERPRISES, HILL MGT.

Typed or Printed Name

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