## N00000000286

•
(Requestor's Name)
·
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000116410400

01/31/08--01017--014 \*\*35.00

RA RO Chy

CRETARY OF STATE

רנט

## **COVER LETTER**

(Name of Corporation)	Homeowners ASSOCIATION, IN
OCUMENT NUMBER: NOOOOOO286	— K-20C(K(101-)-1-1
he enclosed Statement of Change of Registered Office/Agent and fee are submitted for	or filing.
Please return all correspondence concerning this matter to the following:	
·	
(Name of Contact Person)	
(Name of Contact Person)	
PAMPART PROPERTIES, INC	•
(Firm/Company)	<del></del>
9887 4TL STREET N, SUITE 30	<u> </u>
ST. PETERSburg, FL 33702	
(City/State and Zip Code)	<del></del>
or further information concerning this matter, please call:	
STANICH K. JACABS 127 500-2	200
STANICS K. TAGBS at (727) 511-7  (Name of Contact Person) (Area Code & Daytime 7)	elephone Number)

**Mailing Address:** 

P.O. Box 6327

Amendment Section

Division of Corporations

Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (8/05)

TO:

Amendment Section

RECEIVED
JAN 2 3 2008

## 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 State 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.	orid			
1. The name of the corporation: FAIRWAYS AT IMPERIAL LAKEWOODS Phase 2. The principal office address: 9887 4TL 5T N Suite 301  ST. Pete, FL 33702	-AI S	-2 H Ass	lomeov ACIATIO	UNCT E, UD
3. The mailing address (if different): NA			<del></del>	
4. Date of incorporation/qualification: 11142000 Document number: V0000		85.	6	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:	ie.			
DOUGIAS C. POLAND - BRICKLEMYCE, SM	ol Ker	- + B	ilves,	P.A
500 E. Kennedy Blub, Suite 200				
TAMPA, FC 33602				
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	SECRE	08 JA		
9887 4TL ST N., SUITE 301  (P.O. Box NOT acceptable)	TARY OF	JAN 31 AM	FLED	·
ST. Pete, FL 33702	STAT		• • •	
The street address of its registered office and the street address of the business office of its reas changed will be identical.	gi <b>stere</b> d	agant,		,
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.	icer so			
(Signature of an officer or director)  Thereby 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 comple of my duties, and I am familiar with and accept the obligation of my position as registered agent and is being filed merely to reflect a change in the registered office address, I hereby corporation has been notified in writing of this change.	te perfor ent. Or onfirm th	 rmance ; if this hat the	\$ \$	
(Signature of Registered Agent)	<del></del>			
If signing on behalf of an entity:				
(Typed or Printed Name)				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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