

N00000005/23

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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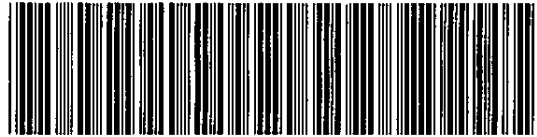
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 SEP -8 PM 2:25

Roberts SEP 10 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FAIRWAY GREENS AT STONEYBROOK, INC
Name of Corporation

DOCUMENT NUMBER: NO00000005123

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:

DAVID L. LISTON
Name of Contact Person

OMNI MANAGEMENT SERVICES INC.
Firm/Company

27499 RIVERVIEW CENTER BLVD #238
Address

BOVITA SPRINGS FL 34134
City/State and Zip Code

dliston@omni-property.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID L. LISTON at (813) 769-8728
Name of Contact Person 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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FAIRWAY GREENS AT STONEYBROOK, INC.
2. The principal office address: 27499 RIVERVIEW CENTER BLVD #238
BONITA SPRINGS FL 34134
3. The mailing address (if different): _____

4. Date of incorporation/qualification: AUG 4 2000 Document number: N0000000 5123

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)

RESIGNED CASEY CONDOMINIUM MGMT
4370 SO. TAMiami TRAIL
SARASOTA FL 34231

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

OMNI MANAGEMENT SERVICES Inc.
27499 RIVERVIEW CENTER BLVD #238
BONITA SPRINGS FL 34134
P.O. Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical: (If not, list it)

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.

Teresa Smith sec/treas.
Signature of an officer or director

Teresa Smith Secretary/TREASURER
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.

David L. Liston
Signature of Registered Agent

8/25/09
Date

If signing on behalf of an entity:

DAVID L. LISTON
Typed or Printed Name

FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

FILED
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
09 SEP - 8 PM 2:25

Accounting/Audit
Tom 9/2