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Office Use Only



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S. TALLENT

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: FOREST CAGER CONDOMIN Name of Corporat	ion Association, Inc.
DOCUMENT NUMBER: N 00892	
The enclosed Statement of Change of Registered Office/Agen	at and fee are submitted for filing.
Please return all correspondence concerning this matter to the	following:
Name of Contact Per FONEST CNEEK CONDA	OMINIMM ASSOCIATION, INC
	Cheek Dr Unit # 148
Boning Springs City/State and Zip	FL 34135
E-mail address: (to be used for future a	nnual report notification)
For further information concerning this matter, please call:	
Name of Contact Person at (	612 591 - 4888 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of	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

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 27, 2016

WAYNE HASS FOREST CREEK VILLAS 10841 LEITNER CREEK DR #137 BONITA SPRINGS, FL 34135

SUBJECT: FOREST CREEK VILLAS CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N00892

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

AN OFFICER OR DIRECTOR MUST SIGN THE DOCUMENT.

The registered agent must sign accepting the designation.

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) 245-6050.

Susan Tallent Regulatory Specialist II

Letter Number: 716A00020786

## 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 FLOCIDA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: FOREST CREEK VILLAS CONDOMINIUM ASSOCIATION.
2. The principal office address: 10968 LEITNER CREEK DRIVE, #148
BONIM SPRINGS, FL 34135
3. The mailing address (if different):
4. Date of incorporation/qualification: 01/13/1984 Document number: NOO892
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)
Hamilton MIKES P.A.
711 - 5th Ave. So. # 212
NAPLES, FL 3410Z
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MAYNE HASS
10841 LEITMEN CREEK DRIVE # 137 P.O. Box NOT acceptable
BONITA SPRINGS FL 34135
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  NAYNE F. HASS  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.
10/18/2016
Signature of Registered Agent
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

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