

N02000005570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

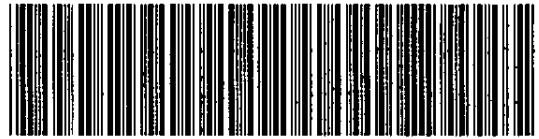
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/15/09--01015--016 **35.00

RA to chy

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV 17 AM 9:27

FILED

NOV 17 2009



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2009

LINDA BENFORD
ARGUS MANAGEMENT
2477 STICKNEY POINT ROAD, STE 118A
SARASOTA, FL 34231

SUBJECT: FOREST CREEK HOMEOWNERS ASSOCIATION OF SARASOTA,
INC.
Ref. Number: N02000005570

We have received your document for FOREST CREEK HOMEOWNERS
ASSOCIATION OF SARASOTA, INC. and your check(s) totaling \$35.00.
However, the enclosed document has not been filed and is being returned for the
following correction(s):

Please complete blocks #2,3 & 4.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 509A00033220

RECEIVED
NOV 17 AM 8:00
DIVISION OF CORPORATIONS
TALLAHASSEE FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FOREST CREEK HOMEOWNERS ASSOCIATION OF SARASOTA, INC.
Name of Corporation

DOCUMENT NUMBER: N02000005570

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:

LINDA BENFORD
Name of Contact Person

ARGUS MANAGEMENT
Firm/Company

2477 STICKNEY POINT ROAD, STE. 118A
Address

SARASOTA FL 34231
City/State and Zip Code

Linda@ARGUSMGMT.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Benford at (941) 927-6464
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 FLORIDA 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 HOMEOWNERS ASSOCIATION OF SARASOTA, INC.
2. The principal office address: 2477 STICKNEY POINT RD. - STE 118A
SARASOTA, FL 34231
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7-22-02 Document number: NO2000005570

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)

PROGRESSIVE COMMUNITY MANAGEMENT, INC.
1801 GLENGARY STREET, FL. 1
SARASOTA, FL 34231-3637

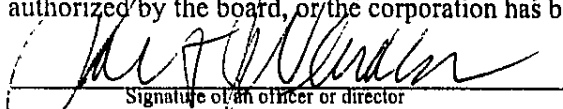
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

ARGUS MANAGEMENT
2477 STICKNEY POINT ROAD, STE. 118A
P.O. Box NOT acceptable
SARASOTA, FL 34231

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

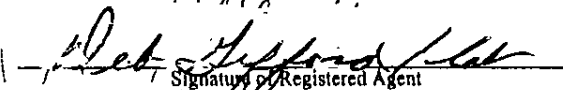
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

ROBERT WENDLANDT
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

10-1-08
Date

If signing on behalf of an entity:

DEB GIFFORD
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