

NO3000004372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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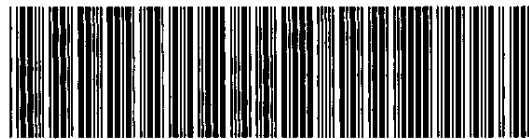
(Business Entity Name)

(Document Number)

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**COVER LETTER**

RECEIVED JUN 26 2010

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Shady Bend At Verandah Neighborhood Assoc., Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N03000004372

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:

Timothy Loehr

Name of Contact Person

Omni Management Services

Firm/Company

8695 College Parkway Suite 1274

Address

Fl. Myers, Florida 33919

City/State and Zip Code

tbontraque@omni-property.com

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

For further information concerning this matter, please call:

Tom Bontraque

Name of Contact Person

at ( 239 ) 985-4249

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: Shady Bend at Meandah Neighborhood Association, Inc.  
2. The principal office address: 8695 College Parkway Suite 1274  
Ft. Myers, Florida 33919  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 5/23/03 Document number: NO 3000004372

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)

Stealing Property Services  
27180 Bay Landing Drive Suite 4  
Bowta Springs, Florida 34135

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

Omni Management Services  
8695 College Parkway Suite 1274  
P.O. Box NOT acceptable  
Ft. Myers, Florida 33919

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]  
Signature of an officer or director

NORMAN P. TOBACK Vice-Pres.  
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]  
Signature of Registered Agent

June 18, 2010  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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