N03000005425

(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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SECRETARY OF STATE
TAIL AHASSEE, FLORID.

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BKNUM 61-11

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: FAIRWAY GREENS THE AT STONEY BROOK, INC. (Name of Corporation)			
DOCUMENT NUMBER: NO300000 TYLT			
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:			
Allure Property MANAGEMENT, INC. (Firm/Company)			
5317 Fluitville Rd, STE HAP			
SARASOTA, FL 34232 (City/State and Zip Code)			
For further information concerning this matter, please call:			
(Name of Contact Person) at (QYI) 373 6713 (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



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 12, 2011

MONIQUE TOLER ALLURE PROPERTY MANAGEMENT, INC. 5317 FRUITVILLE RD STE 228 SARASOTA, FL 34232

SUBJECT: FAIRWAY GREENS III AT STONEYBROOK, INC.

Ref. Number: N03000005425

We have received your document for FAIRWAY GREENS III AT STONEYBROOK, 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6925.

Teresa Brown Regulatory Specialist II

Letter Number: 411A00011820

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 FloRid
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: FAIRWAY BREENS III AT STONEYBROOK, Inc
2. The principal office address: 5516 BURNT BRANCH CIRCLE
SARASOTA, FL 3Y272
3. The mailing address (if different): 5317 FRUITVILLE Rd, STE 228
SARASOTA, FL BYA32
4. Date of incorporation/qualification: 6/23/03 Document number: NO300005425
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
AMNI
8695 College PKWY, STE 1274
FT MYERS, FL 33 919
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Allure PROPERTY MANAGEMENT, INSTE SO F
STIB BURNT BRANCH CIACLO FIG TO
SARAJOTA, FL BYA32
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) Lou BRode Rich (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.
5/2/11
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Mariane Tolar
(Typed or Printed Name)

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