

N1030000009602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

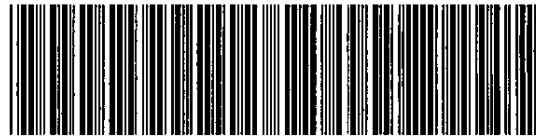
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Wanda Pearson
Advised to make
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(19)

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 MAY 10 AM 11:00

RA/RO/chg
@ 5/14/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Pinehurst at Stratford Place Section III
Name of Corporation

DOCUMENT NUMBER: N 03000009602

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:

Wanda Pearson
Name of Contact Person

ACMS
Firm/Company

1926 Trade Center Way #2
Address

Naples, FL 34109
City/State and Zip Code

wanda@managepros.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wanda Pearson at (239) 598 9977
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: Pinehurst at Stratford Place Sect III Residents Assoc
2. The principal office address: 1926 Trade Center Way #2
Naples, FL 34109
3. The mailing address (if different): PO Box 111851
Naples, FL 34108
4. Date of incorporation/qualification: 11-4-03 Document number: N 0300000 9602
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)

Robert C. Samouel
5405 Park Central Ct
Naples, FL 34109

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TALLAHASSEE, FLORIDA
10 MAY 10 AM 10:59

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

Association Consulting & Management Services, Inc.
1926 Trade Center Way #2
P.O. Box NOT acceptable
Naples, FL 34109

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

Ron Dunningan Secretary
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.

Wanda Pearson
Signature of Registered Agent

5-4-10
Date

If signing on behalf of an entity:

Wanda Pearson
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