

NO 3930

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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(Business Entity Name)

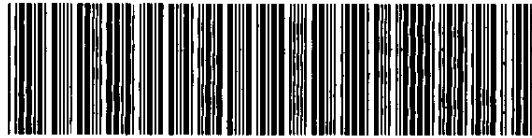
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TALLAHASSEE, FLORIDA

NO 3930
10/19/09
TZ

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE COURTYARDS OF SUNTREE, INC.
Name of Corporation

DOCUMENT NUMBER: _____

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:

LAURIE DISANTO

Name of Contact Person

THE COURTYARDS OF SUNTREE, INC

Firm/Company

715 GREEN VALLEY LA

Address

MELBOURNE FL 32940

City/State and Zip Code

~~the courtyards~~ president@thecourtyards.org

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

For further information concerning this matter, please call:

Laurie DiSanto

Name of Contact Person

at (321) 255-7277

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: THE COURTYARDS OF SYNTREE, INC.
2. The principal office address: 715 GREEN VALLEY LA MELBOURNE FL 32940
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 3/13/1984 Document number: _____
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)

FRANCIS STEWART CPA PA
6939 N. WICKHAM RD
MELBOURNE FL 32940

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

INTERCOASTAL ACCOUNTING, INC
8534 Eola CT
P.O. Box NOT acceptable
MELBOURNE FL 32940

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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.

Mary Ann Galvin, Secretary
Signature of an officer or director

MARY ANN GALVIN, 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.

Katherine Johnson
Signature of Registered Agent

10-14-09
Date

If signing on behalf of an entity:

Katherine Johnson
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