

(Requestor's Name)
(Address)
•
(Address)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Booding Hamber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
· ·
·

Office Use Only



100189060491

12/30/10--01012--008 **35.00

RA Rolls

TALLAHASSEE, FLORIDATE

12-11



January 19, 2011

PAUL STERNICK THE COURTYARDS OF SUNTREE 715 GAREN VALLEY LN #2 MELBOURNE, FL 32940

SUBJECT: THE COURTYARDS OF SUNTREEE, INC.

Ref. Number: N03930

We have received your document for THE COURTYARDS OF SUNTREEE, 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):

You failed to make the correction(s) requested in our previous letter.

In block #5 we show the registered agent address as 6550 N Wickham Rd#4, Melbourne, FL. Please correct your document.

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: 411A00001550



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 4, 2011

PAUL STERNICK THE COURTYARDS OF SUNTREE, INC. 715 GREEN VALLEY LN MELBOURNE, FL 32940

SUBJECT: THE COURTYARDS OF SUNTREEE, INC.

Ref. Number: N03930

We have received your document for THE COURTYARDS OF SUNTREEE, 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 correct date of incorporation and write in document number.

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) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 011A00000222

SECRETAIN OF STATE

www.sunbiz.org

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:
Paul STERNICK Name of Contact Person
THE COURTYARDS OF SUNTREE, INC.
715 GREEN KALLEY LA
MELBURNE F1 32940 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (32/) 75/-7080 Name of Contact Person Area Code & Daytime Telephone Number
Area Code & Daytime Telephone Number
Final and in a \$25.00 about monda manufacts the Demontment 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

TO:

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 FLCRIDA 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 SUNTREEE, INC.
2. The principal office address: 715 GKEEN VALLEY LA MELBOURNE, FL 32940
3. The mailing address (if different):
4. Date of incorporation/qualification: 6/27/1984 Document number: NO3930
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)
INTERCOASTAL ACCOUNTING, INC.
6550 N. Wickham Rd #4 -
Melbourne, FL 32940
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
GOOKS MARTS TAX + ACCOUNTIAL SERVICE
3600 N WICKHAM RD STE 105 P.O. Box NOT acceptable
MELBEURNE, FL 32935
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 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 /2/21/0
If signing on behalf of an entity:
DANIEL HARTSCC/Z Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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