N04000008575

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COVER LETTER

Amendment Section

Division of Corporations Stoneybrook Oaks Community Association, Inc. (Name of Corporation) DOCUMENT NUMBER: N04000008575 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: Christy Garrow (Name of Contact Person) Stoneybrook Oaks Community Association, Inc. (Firm/Company) 2502 North Rocky Point Drive, Suite 1050 (Address) Tampa, Florida 33607 (City/State and Zip Code) For further information concerning this matter, please call: **Christy Garrow** ₎ 288.8078 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Amendment Section Mailing Address: Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

in order	ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: Stoneybrook Oaks Community Association, Inc.
2. The principal	office address: 2502 North Rocky Point Drive, Suite 1050
	Tampa, H 33607
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 9/1/04 Document number: N0400008575
	d street address of the current registered agent and registered office on file with the rtment of State:
	William G. Schlotthauer
	200 S. Orange Street
	Sarasota, Florida 34236
6. The name and (if changed):	200 S. Orange Street Sarasota, Florida 34236 d street address of the new registered agent (if changed) and /or registered office Gary Strohauer 1150 Cleveland Street, Suite 300
	1150 Cleveland Street, Suite 300
	(P.O. Box NOT acceptable)
	Clearwater, Florida 33755
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, I be identical.
Such change we authorized by the	vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
· ·	Michael Lawson/Treasurer (Printed or typed name and title)
,	of the appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and complete performance and familiar with and accept the obligation of my position as registered agent. Or, if this reing filed merely to reflect a change in the registered office address, I hereby confirm that the as been notified in writing of this change.
	1/1/1 4/9/08
	Signature of Registered Agent) (Date)
If signing on be	ehalf of an entity:
	(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
CR2E045 (8/05)