## NOS000004672

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(Reque	estor's Name)		
(Addre	ss)		
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(City/S	tate/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Busin	ess Entity Nar	ne)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filin	ng Officer:		
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	Office Use On	lv	



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RA Corby



APR 1 0 2012 T. ROBERTS

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: THE HOMEOWNERS' ASSOCIATION OF LAKE FAIRWAYS, INC.					
SOBORCI.		of Corporatio			
DOCUMENT NUMBER:N	05000004672				
The enclosed Statement of Char	nge of Registered C	Office/Agent a	nd fee are submitted for fili	ng.	
Please return all correspondence concerning this matter to the following:					
R	cichard W. Wilk	inson			
	Name of	Contact Pers	on		
T			on of Lake Fairways,	Inc.	
	Firn	n/Company			
•			•		
1	0000 Lakewood :	Shores Cir Address	cle		
	•	Addiess			
N	o Et Muere	स्त २२००२		* .	
No. Ft. Myers, FL 33903  City/State and Zip Code					
	•	. 1			
	wwbaw@aol.com		1/6-1		
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
D. 1 . 1		-+ ( 2)	20 \721 0664		
Richard W. Wilkinson at (239 ) /31-0004  Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailin	g Address: Iment Section		Street Address: Amendment Section	,	
*	on of Corporations	s	Division of Corporations	S	
•	ox 6327	-	Clifton Building	-	
Tailah	assee FL 32314		2661 Executive Center C	Circle	

Tallahassee, FL 32301

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

statement of change	is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida		
		registered agent, or both, in the State of Florida.		
1. The name of the	corporation: The Homeowners	' Association of Lake Fairways, Inc.		
2. The principal office address: 10000 Lakewood Shores Circle				
****	No. Ft. Myers,	FL 33903		
3. The mailing addr	ess (if different): (Same)	· · · · · · · · · · · · · · · · · · ·		
4. Date of incorpora	tion/qualification: May 2, 2	005 Document number: <u>N0500004672</u>		
	eet address of the current registe ant of State: (If resigned, enter re	ered agent and registered office on file with the esigned)		
	Lee Jay Colling	· · ·		
	529 Versailles Drive,	Suite 103		
	Maitland, FL 32751			
6. The name and str (if changed):	eet address of the new registered	d agent (if changed) and /or registered office		
	Attny. Robert Burandt			
	1714 Cape Coral Parkw	ay East		
	P.O. B	ox NOT acceptable		
	Cape Coral, FL 3390	<del>4</del>		
The street address of as changed will be	of its registered office and the sidentical.	street address of the business office of its registered agent,		
Such change was a authorized by the b	uthorized by resolution duly adoard, or the corporation has be	dopted by its board of directors or by an officer so en notified in writing of the change.		
Richard H. Signature of	an officer or director	Richard W. Wilkinson, President Printed or typed name and title		
I further agree to co of my duties, and I document is being t	appointment as registered age omply with the provisions of al am familiar with and accept th filed merely to reflect a change en notified in writing of this ch	ent and agree to act in this capacity. Il statutes relative to the proper and complete performance he obligation of my position as registered agent. Or, if this hin the registered office address, I hereby confirm that the hange.		
	of Paristand Agent	Robert Burandt March 23,2012		
If signing on behalf	e of Registered Agent  f of an entity:	1.Aug		
Robert Burand	-			

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

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