ND500000126

(Re	equestor's Name)	
(Ad	ddress)	
(Ad	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



500253132925

11/04/13--01036--013 **35.00

SECRETARY OF STATE

RAROLONS (10 11. n. 13

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 Greens at Fountain Lakes Condominium Association, Inc. 2. The principal office address: 22201 Fountain Lakes Blvd, Suite #1, Estero, FL 33928
3. The mailing address (if different):
4. Date of incorporation/qualification: 07/12/05 Document number: N05000007126
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)
Towne Properties
Naples, FL 34110 Naples and street address of the new registered agent (if changed) and /or registered office
Naples, FL 34110 5
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Robert W. McClure, P.A.
3511 Bonita Bay Blvd, #2
Bonita Springs, F 34134
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.
William Hours President William Hours
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 parformance 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 Agant Date
If signing on behalf of an entity:
DP
Typed or Printed Name * * * FILING FEE: \$35.(M) * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2EC45 (03/12)