

N05000007926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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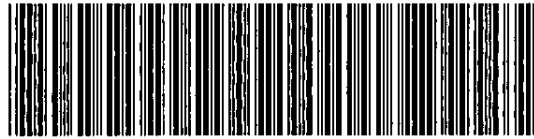
(Business Entity Name)

(Document Number)

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05/10/10--01067--014 **210.00

FILED
10 MAY 10 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Charge
C.COULLIETTE

MAY 17 2010

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WOODLANDS MASTER ASSOCIATION
Name of Corporation

DOCUMENT NUMBER: N05000007926

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:

DAVID LISTON
Name of Contact Person

OMNI MANAGEMENT SERVICES
Firm/Company

8695 COLLEGE PARKWAY SUITE 1274
Address

FT. MYERS FL 33919
City/State and Zip Code

dliston@omni-property.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID LISTON at (941) 782-5508
Name of Contact Person 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 WOODLANDS MASTER ASSOCIATION, INC
2. The principal office address: 8695 COLLEGE PARKWAY SUITE 1274
FT MYERS FL 33919
3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: N 05000007926

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)

LISTON, DAVID
8695 27499 RIVERVIEW CENTER BLVD # 238
BONITA SPRINGS FL 34134

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

LISTON, DAVID
8695 COLLEGE PARKWAY SUITE 1274
P.O. Box NOT acceptable
FT MYERS FL 33919

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

JORDAN GOLDMAN VP
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

4/2/10
Date

If signing on behalf of an entity:

DAVID L. LISTON
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA