N06000006473

(Requestor's Name)
(Address)
(Address)
(Mariess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(======================================
(D
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.

Office Use Only



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09/28/11--01037--004 **35.00

R.A. Chq.

C.COULLIETTE

SEP 29 2011

EXAMINER



COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: CONWA	Y FOREST CONDO	MINIUM AS	SSOCIATION
DOCUMENT NUMBER	N06	000006473	
	Change of Registered Offic	e/Agent and fee	are submitted for filing.
	dence concerning this matte	-	-
	FUSARETI	H ALONSO	
	Name of Co	ntact Person	
	MCKINI	EY INC	
		ompany	
		·····p······y	
·	320 N MAIN STF		200
	Add	lress	
	ANN ARBO	R, MI 48104	
	City/State a	nd Zip Code	
	ealonso@mo	ekinley.com	
E-mail	address: (to be used for f	uture annual re	eport notification)
	`		•
For further information con	ncerning this matter, please	call:	
ELISABE	TH ALONSO	at (734	769-8520, X194
Name of Co	ontact Person	Area Coo) 769-8520, X194 de & Daytime Telephone Number
Enclosed is a \$35.00 check	made payable to the Depar	tment of State.	
<u>M</u>	ailing Address:	Stree	t Address:
	mendment Section		ndment Section
	ivision of Corporations		sion of Corporations
	O. Box 6327		on Building Executive Center Circle
18	Illahassee, FL 32314		thassee, FL 32301
		, rana	massee, I to 24201

CR2E045 (8/05)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this 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: CONWAY FOREST CONDOMINIUM ASSOCIATION	
	l office address: 320 N MAIN STREET SUITE 200 BOR, MI 48104	
3. The mailing a	address (if different):	•
4. Date of incorp	poration/qualification: 6/15/2006 Document number: N06000006473	
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)	
	KATHY HENSLEY	
	4401 S KIRKMAN ROAD	
	ORLANDO, FL 32811	=
6. The name and (if changed):	2	750mm 100m
	HARRY COLLISON TO SUCCESSION TO A VENUE OF THE SURE STATE OF THE	CORI
	180 S KNOWLES AVENUE SUITE 3	CORPORAT
	P.O. Box NOT acceptable WINTER PARK, FL 32789	<u> </u>
The street addre	ress of its registered office and the street address of the business office of its registered agent, I be identical.	Ia.
Such change was authorized by the	ras authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
- Vagnate	NATHAN LEWIS Printed or typed name and title	
	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the second secon	?
	8/1/2011	
Sig	gnature of Degistered Agent Date	
If signing on be	chalf of an entity:	
_ Harr	Noted 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