N06000012459

(Requestor's Name)			
((Address)			
(Address)			
, (City/State/Zip/Phone #)			
, PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of 9	Status		
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SECRETARY OF STATE

R.H

AUG 2 4 2009

COVER LETTER •

Amendment Section Division of Corporations

TO:

SUBJECT:	Fountain Lake Master	Association, Inc.		
	Name of Co	rporation	,	
DOCUMENT NUMBI	R:N060	00012459		
The enclosed Statement	of Change of Registered Office	/Agent and fee are submi	tted for filing.	
Please return all corresp	ondence concerning this matter	to the following:		
٨	Kevin T. W	ells, Esq.		
***************************************	Name of Con	tact Person		
	The Law Offices of K	evin T. Wells, P.A.		
***************************************	Firm/Co	mpany		
	1800 Second Street, Suite 803			
	Addr	ess		
. · 	Sarasota, Flo City/State and	orida 34236 I Zip Code		
E-m	ail address: (to be used for fu	ture annual report noti	fication)	
	(
For further information	concerning this matter, please ca	all:		
	T. Wells, Esq.	at (941) Area Code & Dayti	366-9191	
Name of	Contact Person	Area Code & Dayti	ime Telephone Number	
Enclosed is a \$35.00 che	eck made payable to the Departm	nent of State.		
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment So Division of Co Clifton Buildi	ection orporations	
	Tallahassee, FL 32314		e Center Circle	

Tallahassee, FL 32301

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Fl Inge is submitted for a corporation organized under the laws of the Sta	
in orde	r to change its registered office or registered agent, or both, in the Sta	nte of Florida.
1. The name of	the corporation: Fountain Lake Master Association, In	IC.
2. The principal	office address: 5620 Fountain Lake Circle, Bradenton, Flor	ida 34207
		
_	ddress (if different): c/o Casey Condo Management, 4370 S	3. Tamiami Trail,
	2, Sarasota, Florida 34231	
4. Date of incorp	poration/qualification: 12/05/2006 Document number:	N06000012459
	d street address of the current registered agent and registered office on timent of State: (If resigned, enter resigned)	file with the
	Kevin Wells	
	22 S. Links Avenue, Suite 301	=
	Sarasota, Florida 34236	2009 AI
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or register	m≺ - •
	The Law Offices of Kevin T. Wells, P.A.	AH C
	1800 Second Street, Suite 803 P.O. Box NOT acceptable	AH 10: 25 OF STATE OF LORIO
	Sarasota, Florida 34236	
The street address changed will	ess of its registered office and the street address of the business office be identical.	ce of its registered agent,
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or ne board of the corporation has been notified in writing of the chan	by an officer so ge.
- Si Manda	RICHARD Printed or typed nar	
I hereby accont	the appointment as registered agent and agree to act in this capacito comply with the provisions of all statutes relative to the proper at I am familiary and accept the obligation of my position as resulted merely to reflect a change in the registered office address, been notified in writing of this change.	iń,
4	7/6/0 nature of Registered Agent Date	09
t	shalf of an entity:	
	evin T. Wells, Esq.	
	* * * FILING FFF, \$25.60 * * *	•

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)