N940000 108/

(Re	questor's Name)			
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SECRETARY OF STAFF

May 18, 19

COVER LETTER

	dment Section on of Corporat	ons			
SUBJECT:	Fairway	Estates	Community Name of Corp	Association, Inc.	_
DOCUMENT	r number:				
The enclosed	Statement of Cl	nange of Reg	istered Office//	Agent and fee are submitted for	filing.
Please return a	all corresponde	nce concernii	ng this matter to	the following:	
	Mark	garet Sig	rma n		
	Mar	arec 51	Name of Conta	et Person	-
			Firm/Com	pany	
	145	l Hagen i	Avenue	S	
	Dune	edin, FL	34698 City/State and	Zip Code	
	mai	·m > n & + > m	ahau ww c	ıom	
	E-mail a	ddress: (to b	e used for futi	com ure annual report notification	<u>ı)</u>
For further inf	formation conce	erning this ma	atter, please cal	1:	
	Marc Name of Cont	garet Sig	gman	at (<u>727</u>) <u>474–550</u> Area Code & Daytime Tele	8
	name of Com	act reison		Area Code & Daytine Ter	ephone Number
Enclosed is a	\$35.00 check n	ade payable	to the Departm	ent of State.	
	Mail	ing Address:		Street Address:	
	Amo	endment Sec	tion	Amendment Section	
		sion of Corp	porations	Division of Corporat	ions
		Box 6327 ahassee, FL	2021/	Clifton Building 2661 Executive Cent	ar Cirola
	1 4116	anassee, i L	דו נייר	Tallahassee, FL 3230	

TO:

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

statement of change is submitted for	ons 607,0502, 617,0502, 607,1508, or 617,1508. Florida Statutes, this or a corporation organized under the laws of the State of Florida distered office or registered agent, or both, in the State of Florida.
1. The name of the corporation:	Fairway Estates Community Association, Inc.
2. The principal office address:	1451 Hagen Avenue Dunedin, FL 34698
3. The mailing address (if differen	():
4. Date of incorporation/qualificat	ion: 2/28/1994 Document number: N9400001081
5. The name and street address of Florida Department of State: (If	the current registered agent and registered office on file with the resigned, enter resigned)
	Ted A. Barrett
	499 Patricia Avenue, Suite C
	Dunedin, FL 34698
6. The name and street address of (if changed):	the new registered agent (if changed) and /or registered office
	Margaret Sigman
	1451 Hagen Avenue
	Dunedin, FL 34698
	d office and the street address of the business office of its registered agent.
	esolution duly adopted by its board of directors or by an officer so or
Margaret Su Signature of In officer or direct	Margaret Sigman, President Printed or typed name and title
I hereby accept the appointment of further agree to comply with the performance of my duties, and I agent. Or, if this document is beforeby confirm that the corporate	as registered agent and agree to act in this capacity. It is provisions of all statutes relative to the proper and complete It is familiar with and accept the obligation of my position as registered It is filed merely to reflect a change in the registered office address. I It ion has been notified in writing of this change.
Margaret Sigman It signing on behalf of an entity:	Signar March II, 13
Typed or Printed Name	

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