1198000001410

•		
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		İ
ie e		

900040769739

10/06/04--01044-005 **35.00

O4 SEP 10 AM 10: 27
SECRETARY OF STATE

Office Use Only

RA. Change

T BROWN SEP 2 0 2004

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Faun Lake Homeowner Association, Inc. (Name of corporation)
DOCUMENT NUMBER:
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:
Susan Thomas (Name of person)
Rampart Properties Trc. (Namo of firm/company)
1001a N. Dele Mabry Highway, Ste. 223
Tampa FL 33618 (eity/state and zip code)
For further information concerning this matter, please call:
Susan I homas LCAM at (813) 963-6400 (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 409 E. Gaines Street Tallahassee, FL 32399

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

change is submitted for a corporation organized under the laws of the State of	, this statement of in order
to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Fawn Lake Homeowners Association	i Inc.
2. The principal office address: 7853 Gunn Highway, Box 335	
Tampa, FL 33626-1611	
3. The mailing address (if different): 100 12 N. Dale Mabry Highway Tampa FL 33418	- , Ste 223
4. Date of incorporation/qualification: 3-9-1998 Document number: N980000	01410
5. The name and street address of the <u>current</u> registered agent and registered office on file with the Florida Department of State:	
James W. Hart Jr.	.
Sentry Management Inc.	1,0 9
2180 W SR 434, Suite 5800	10000000000000000000000000000000000000
6. The name and street address of the new registered agent (if changed) and /or registered office	える
(if changed):	Fra E
Brian Smith	- For 2
10033 Dr. Martin Luther King St. N.	
and + (P.O. Box or personal mailbox NOT acceptable)	
St. Petersburg, +L 33716	
The street address of its registered office and the street address of the business office of its regist changed will be identical.	ered agent, as
Such change was authorized by resolution duly adopted by its board of directors or by an officer the board, or the corporation has been notified in writing of the change.	so authorized by
(Signature of an officer or director) Glenn Cohen (Printed or typed name and	resident
(2.11.11.11.11.11.11.11.11.11.11.11.11.11	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 p duties, and I am familiar with and accept the obligation of my position as registered agent. Or, t being filed merely to reflect a change in the registered office address, I hereby confirm that the c been notified in writing of this change.	erformance of my if this document is orporation has
B. 120	, ,
(Signature of Registered Agent) (Date)	
If signing on behalf of an entity:	
(Typed or Printed Name) (Capacity)	· · · · · · · · · · · · · · · · · · ·