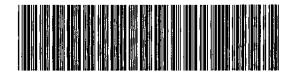
## 19900005162

. (Reques	stor's Name)				
(Address)					
(Address)					
(City/Sta	ate/Zip/Phone #)				
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(Busine:	ss Entity Name)				
(Document Number)					
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SECRETARY OF STATIONS
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RAROCHS
(10)2/30/11

## COVER LETTER

TO: Amendment Section Division of Corporation	ıs		
SUBJECT:	Stonehaven Es	tates . Home Owner orporation	<u>rs Asso</u> ciation, Inc
DOCUMENT NUMBER:	N99	000005102	<del></del>
The enclosed Statement of Char	ige of Registered Offic	e/Agent and fee are subi	nitted for filing.
Please return all correspondence	concerning this matter	r to the following:	
	Andrea	Borell	
	Name of Co	ntact Person	
	<b>.</b>		
<del></del>	BA Property Firm/Co	Management	
	runvce	лирану	
	2889 10th Aven	ue N. Suite 302	
	Add		<del></del>
	Lake Worth	ı. FL 33461	
	City/State ar	n, FL 33461 and Zip Code	
•	aborell@baproperty	management com	
E-mail addi	ress: (to be used for f	uture annual report no	tification)
·	•	•	,
For further information concerni	ing this matter, please of	call:	
Andrea Bo		at (561)	283-0507 vtime Telephone Number
	i i cison	Area Code & Da	vuine reiephone Number
Enclosed is a \$35.00 check made	e payable to the Depart	tment of State.	
<u>Mailing</u>	Address: Iment Section	Street Addre	ss:
		Amendment Division of	
	on of Corporations ox 6327	Clifton Build	Corporations
	assee, FL 32314		ive Center Circle
-	<del></del>	Tallahassee,	

TO:



December 21, 2011

ANDREA BORELL BA PROPERTY MANAGEMENT 2889 10TH AVENUE N - SUITE 302 LAKE WORTH, FL 33461

SUBJECT: STONEHAVEN ESTATES HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N9900005102

We have received your document for STONEHAVEN ESTATES HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 711A00028471

PECEIVED IN 8: 06 ALTHRONOR ALTHRONO

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

statement of ch	nange is submitted for a c	orporation organize	607.1508, or 617.1508, Fl d under the laws of the Sta d agent, or both, in the Sta	nte of Florida
1. The name of 2. The principal		<u>ehaven Estate</u>	s Home Owners	,
3. The mailing	address (if different):			
4. Date of inco	rporation/qualification:	03/07/2006	Document number:	N9900005102
5. The name an Florida Depa	nd street address of the cu artment of State: (If resig	nrent registered ager ned, enter resigned)	nt and registered office on	file with the
	Philip Croyle			
	370 W Camino Ga	ardens Blvd., Su	ite 300	
	Boca Raton, FL 3	3432		
6. The name an (if changed):	;	ew registered agent (i	if changed) and /or register	SECRETARY OF CO
	Alexander Borell			— EC 3
	2889 10th Avenue	P.O. Box NOT ac	centable	
	Lake Worth, FL 33			PH 1
The street addr	ress of its registered offi	ce and the street add	dress of the business offic	e of its registered agent,
Such change wauthorized by 1	vas authorized by resoluthe board, or the corpora	tion duly adopted by ation has been notifi	y its board of directors or led in writing of the chang	by an officer so
Signat	Mesocien ure of an officer or director		James Gesacio	ne and title
I hereby accep I further agree of my duties, a document is be corporation ha	t the appointment as reg to comply with the prov nd I am familiar with an ing filed merely to refle as been notified in writin	gistered agent and a visions of all statute, ad accept the obliga ct a change in the ro gg of this change.	gree to act in this capaci s relative to the proper a tion of my position as reg egistered office address, I	ty. nd complete performance ristered agent. Or, if this I hereby confirm that the
_ll	gnature of Registered Agent		12/16/ Date	/11
·	ehalf of an entity:		Date	
	Typed or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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