P98000102326

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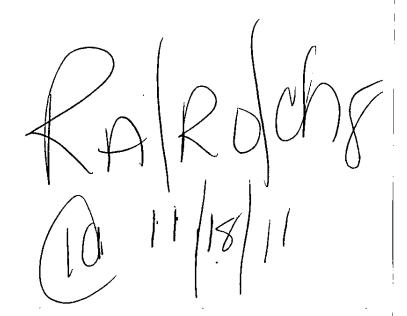


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SECNETARY OF STATE



COVER LETTER

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

TO: Amendment Section Division of Corporations

SUBJECT: Emerald Woods at The Oaks Preserve, Inc.					
	N	ame of Corporation			
DOCUMENT NUMBER:		P98000102326			
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:					
	S Nar	Sheena Palacios ne of Contact Person			
Lighthouse Property Management Firm/Company					
16 Church Street					
Address					
	Osp Cir	orey, Florida 34229 y/State and Zip Code			
sheenapalacios@mgmt.tv					
E-mail address: (to be used for future annual report notification)					
For further informa	tion concerning this matter	, please call:			
	Sheena Palacios	at (941) Area Code & D	966-6844		
Nar	ne of Contact Person	Area Code & D	aytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Department of State.					
	Mailing Address: Amendment Section	Street Addr Amendmer			

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (8/05)



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 1, 2011

SHEENA PALACIOS LIGHTHOUSE PROPERTY MANAGEMENT 16 CHURCH STREET OSPREY, FL 34229

SUBJECT: EMERALD WOODS AT THE OAKS PRESERVE, INC.

Ref. Number: P98000102326

We have received your document for EMERALD WOODS AT THE OAKS PRESERVE, 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 designation of the registered agent must be at a Florida street address.

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: 711A00024851

PECEIVED INDV 18 AM 8: 31

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 ange is submitted for a corporation organized under the laws er to change its registered office or registered agent, or both,	of the State of Florida	this
1. The name of t	the corporation: Emerald Woods at The Oaks F	Preserve, Inc.	
	office address: C/O Lighthouse Property Managem Street, Osprey, Florida 34229	ent	
3. The mailing ac	address (if different):		
4. Date of incorp	poration/qualification: 12/09/1998 Document nu	mber: <u>P98000</u>	102326
	d street address of the current registered agent and registered rtment of State: (If resigned, enter resigned)	office on file with the	
	Saba, Richard D ESQ.		
	2033 Main Street Suite 303		
	Sarasota, Florida 34237 US		_
6. The name and (if changed):	d street address of the new registered agent (if changed) and /	or registered office	SCUMETARY OF STATE
	Roger Pennycook		- 8 CO TO
	223 TURQUOISE LANE P.O. Box NOT acceptable		PH ST
	OSPREY, FL 34229		A. 54
The street address changed will	ess of its registered office and the street address of the busi	ness office of its register	red agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of di he board, or the corporation has been notified in writing of	rectors or by an officer s the change.	50
Signature	Terrespondent - Rogen A	PENNYCOOK.	Treas
I hereby accept a further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in the comply with the provisions of all statutes relative to the ad I am familiar with and accept the obligation of my positing filed merely to reflect a change in the registered office is then notified in writing of this change.	nis capacity. proper and complete pe ion as registered agent. address, I hereby confir	rformance Or, if this m that the
Legy !	nature of Registered Agent	Date	
Q.	chalf of an entity:		
Roger T	Penny Cook 'yped or Printed Name		

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