

NO 3022006300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA Chang

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: RIVER OAK AT PONTE VEDRA BEACH HOMEOWN
Name of Corporation

DOCUMENT NUMBER: N03000006300

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:

JOHN VEAL
Name of Contact Person

RIVER OAK AT PONTE VEDRA BEACH HOMEOWNERS
Firm/Company

STE 102-216 3787 PALM VALLEY RD
Address

PONTE VEDRA BEACH, FL32082-4181
City/State and Zip Code

jveal1934@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN VEAL at (904) 285-6586
Name of Contact Person 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: RIVER OAK AT PONTE VEDRA BEACH HOMEOWNERS
2. The principal office address: 113 BENT OAK DRIVE
PONTE VEDRA BEACH, FL 32082
3. The mailing address (if different): STE 102-216 3787 PALM VALLEY RD
PONTE VEDRA BEACH, FL32082-4181
4. Date of incorporation/qualification: 07/23/2003 Document number: N03000006300
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

BALASKIEWICZ, KIM

11512 LAKE MEADE AVENUE, SUITE 405

JACKSONVILLE, FL 32256

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SUMNER, JACK

113 BENT OAK DRIVE

P.O. Box NOT acceptable

PONTE VEDRA BEACH, FL 32082

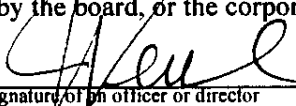
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

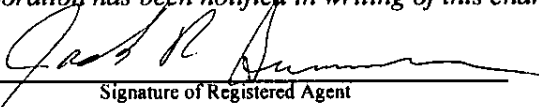


Signature of an officer or director

JOHN VEAL, SECRETARY/TREASURE

Printed or typed name and 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 performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

12/23/2009

Date

If signing on behalf of an entity:

Typed or Printed Name

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

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

CR2E045 (8/05)