

N35972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

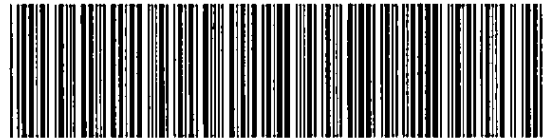
(Business Entity Name)

(Document Number)

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SEAL STATE
TALLAHASSEE, FL

CP 5/24/2022

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: St Johns River Park Property Owner's Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N35972

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:

Janet Daniels

Name of Contact Person

St Johns River Park Property Owner's Association, Inc.

Firm/Company

P.O. Box 1044

Address

Osteen, FL 32764

City/State and Zip Code

jdaniels2592@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janet Daniels _____ at (407-321-7953)
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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: St Johns River Park Property Owner's Association, Inc.

2. The principal office address: 420 Smith Road
Osteen, FL 32764

3. The mailing address (if different): P. O. BOX 1044 OSTEEN, FL 32764

4. Date of incorporation/qualification: 12/28/1989 Document number: N35972

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)

Debbie Miglioretto *resigned*
420 Smith Road
Osteen, FL 32764

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

Luanne Woodley
1090 Piney Woods Trail
Osteen, FL 32764
P.O. Box NOT acceptable

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SECTION 6
TALLAHASSEE, FL
STATE

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.

Janet Daniels
Signature of an officer or director

Janet Daniels, Treasurer
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.

Luanne Woodley
Signature of Registered Agent

4/10/2022
Date

If signing on behalf of an entity:

LUANNE WOODLEY
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