N98.000006782

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	#)
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SECRETARY OF STATE OF STATE OF CORPORATIONS
05 SEP 22 PM 4:53

PA Change 09/29/05 DC

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: James Island Homeowners' Association of Jacksonville (Name of corporation)
DOCUMENT NUMBER: N98000006782
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:
James R. De Furio (Name of contact person)
James R. De Furio, P.A. (Firm/Company)
201 E. Kennedy Blvd. Suite 1460 (Address)
Tampa, FL 33602 (City/state and zip code)
For further information concerning this matter, please call:
Joe Haobsh at (904) 733-3334 (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 409 E. Gaines Street Tallahassee, FL 32399

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

statement of change	is submitted	for a corporation organ	2, 607.1508, or 617.1508 ized under the laws of the cred agent, or both, in the	State of Florida	his ———	
1. The name of the c	corporation:	James Island Home	owners Association o	of Jacksonville, I	ne.	1
2. The principal office		201 E. Kennedy Blvd.	Suite 1460			<u> </u>
	· · · · · · · · · · · · · · · · · · ·	Tampa, FL 33602				
3. The mailing addre	ess (if differen	nt):			<u> </u>	
4. Date of incorporat	tion/qualifica	ation: 12/01/1998	Document number:	N98000006782		,
5. The name and stre Florida Departmen		f the current registered ag	gent and registered office	on file with the		
	Brian C	antrell, Signature Realt	y Management, Inc.			_
	4003 Ha	artly Road	and the state of t		0	Ng S
	Jackson	nville, FL 32257			5 SEP	SION
6. The name and stre (if changed):	et address of	f the new registered agen	t (if changed) and /or regi	istered office	22 PH	ARY OF
	James F	R. De Furio, P.A.			壬	STA
	_201 E. K	Kennedy Blvd. Suite 14	60	90 <u>-</u> .	53	NO.
		(P.O. Box NOT acceptable)			eft · .	ÇO
	Tampa,	FL 33602		· · · · · · · · · · · · · · · · · · ·		
The street address of as changed will be in	f its registere dentical.	ed office and the street a	address of the business o	office of its registere	ed agent,	-=
Such change was au authorized by the bo	thorized by pard, or the c	resolution duly adopted corporation has been not	by its board of directors tified in writing of the ch	s or by an officer so nange.)	
(Abo) F	Man officer of direct	<u>3</u>	Deborah Ferna	andez Presi	dent.	—
I hereby accept the a I further agree to co of my duties, and I a document is being fi corporation has bee	appointment mply with th m familiar w led merely to n notified in	as registered agent and ne provisions of all state with and accept the obli o reflect a change in the worting of this change.	d agree to act in this cap utes relative to the prope gation of my position as registered office addres	acity. r and complete per, registered agent. (ss, I hereby confirm	formance Or, if this 1 that the	? \$
4/1	VIT		4-10-0	15		
	e of Registered A	• ,	(Da	te)		· . <u>-</u>
If signing on behalf	~		,			-
James R. De	erurio	P. 14.	الهجاء المحاجات	Ę.,		
(Typed)	or Printed Name))		<i>← ·</i>		

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