## N44361

(Re	equestor's Name)	
(Ad	ldress)	<del></del>
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE

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## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 22, 2007

BRIAN D. FLYNN 6960 BONNEVAL ROAD, SUITE 102 JACKSONVILLE, FL 32216

SUBJECT: THE BUTLER PARK CONDOMINIUM ASSOCIATION, INC.

Ref. Number: N44361

We have received your document for THE BUTLER PARK CONDOMINIUM ASSOCIATION, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

THE RESIGNATION HAS ALREADY BEEN PROCESSED AND THE FEE APPLIED TO IT. THE FILING FEE FOR THE CHANGE IS STILL NECESSARY.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson Document Specialist Supervisor

Letter Number: 307A00004794



DATE:

January 9, 2007

TO:

Florida Department of State Theresa Dallas, Controller

FROM: RE:

The Butler Park Condominium Association, Inc.

DOC #:

N44361

Michael Kolcun, the Association's Registered Agent, recently filed a Resignation of Registered Agent for a Corporation Form, including a check for \$87.50 dated 12/20/06. I believe that a Statement of Change of Registered Office or Registered Agent or Both for Corporation Form should have been filed instead. Our intent was to change the Registered Agent from Michael Kolcun to Brian Flynn. An address change was necessary as well.

Please see attached documents: Cover Letter & Statement of Change of Registered Agent for Corporations, Resignation of Registered Agent for a Corporation and a copy of the original check sent for fee payable with the Resignation Form.

I was unsure that the \$35 fee would be due as we paid \$87.50 for the processing of the incorrect form. Please let me know if anything further is needed to make this change.

Thank you.

Theresa Dallas

Theresa Dalu

The Butler Park Condominium Association, Inc.

904-281-8800

## **COVER LETTER**

-	The Ruffer Park Contract Architecture
JBJECT:	The Butler Park Condominium Association Inc. (Name of Corporation)
CUMENT N	UMBER: N44361
enclosed Sta	tement of Change of Registered Office/Agent and fee are submitted for filing.
ase return all	correspondence concerning this matter to the following:
	Brian D. Flynn (Name of Contact Person)
	(Name of Contact Person)
	(Firm/Company)
	6960 Bonneral Rd. Stc. 102 (Address)
	(Address)
	Jacksonville H 32216 (City/State and Zip Code)
	(City/State and Zip Code)
or further inforr	nation concerning this matter, please call:
Brian	

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

statement of ch	e provisions of sec cange is submitted	for a corpo	ration organiż	ed under the	e laws of the St	ate of <u>H</u>	rida
in ora	ler to change its re	gistered off	ice or register	ed agent, or	both, in the St	ate of Florida	7. A 1 1
1. The name of	f the corporation:	The	Butler	Park	Condomi	inium t	tssoziahm, li
	al office address:	6960	ponneva	al Kd.	JR. 102		
				, H	32216		
3. The mailing	address (if differe	nt):^	1/4		<del>.</del>		
4. Date of inco	rporation/qualifica	ation:7/	29/1991	Docum	ent number:	N443	61
	nd street address of artment of State:					i file with the	
	Mic	hael	A. Kola	cun			
	696	0 Bmn	A. Kolo neval R. Ile , Fl	d. Sh	202		
	Jac	Lismy	16 71	3221	6	<del></del>	
							O7 I
6. The name ar (if changed):	nd street address of	f the new re	gistered agent	(if changed)	) and /or registe	ered office	CREE
, ,		ian D.	Hynn				13 ASSI
	696	o Bmn	reval R	d. Sh	102	<del></del>	FEB 13 AM 11: CRETARY OF ST LAHASSEE. FLI
	1	(P.O. Box	NOT acceptable)		<u> </u>		STA LOF
	Jae	ksmril	Le, Fr	32216	, , 		ET 10
The street add	ress of its register ll be identical.						istered agent,
	vas authorized by the board, or the						
	die poard, or the	corporation		3	Ψ,		
(Signa	ature of the officer or dire	ector)			nan Hy (Printed or types)	name and title)	
I havabu accar	ot the appointment to comply with t and I am familiar eing filed merely as been notified it	. as variates	rad agant and	l agree to ac tes relative gation of my registered	ct in this capue to the proper of position as re office address	city. and complete egistered age , I hereby co	e performance ent. Or, if this nfirm that the
(1))in	John				1/9/07		
(5	Signature (PRegistered	Agent)			(Date)	)	
If signing on b	ehalf of an entity	' <b>:</b>					
*			<del></del>				
	(Typed or Printed Name	e)					

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

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