## 743808

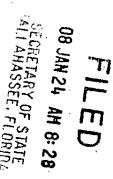
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Parks Edge Property Owners' Association, Inc.	
(Name of Corporation)	
DOCUMENT NUMBER: 743808	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filir	ng.
Please return all correspondence concerning this matter to the following:	80 80 80 80
Irene Smith	CRET CAET
(Name of Contact Person)	AR SS
Parks Edge Property Owners' Association, Inc.	JAN 24 AM 8: 28 CRETARY OF STATE AHASSEE, FLORID
(Firm/Company)	8: 28 STATE LORID
3201 SW Landale Blvd.	***
(Address)	
Port Saint Lucie, FL 34953	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Irene Smith at ( 772 ) 336-1525	
Irene Smith at ( 772 ) 336-1525 (Name of Contact Person) (Area Code & Daytime Telepho	one Number)
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address: Street Address:	

Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 15, 2008

IRENE SMITH 3201 SW LANDALE BLVD. PORT ST. LUCIE, FL 34953

SUBJECT: PARKS EDGE PROPERTY OWNERS' ASSOCIATION, INC.

Ref. Number: 743808

We have received your document for PARKS EDGE PROPERTY OWNERS' ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following corrections:

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or copy our filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain Regulatory Specialist II

Letter Number: 308A00003133

2000 JAN 28 AH 8: 00 SECRETARY OF STATEDA TALLAHASSEE FLORIDA

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

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this hange is submitted for a corporation organized under the laws of the State of Florida ler to change its registered office or registered agent, or both, in the State of Florida.	
	f the corporation: Parks Edge Property Owners' Association, Inc.	
	al office address: 3201 SW Landale Blvd. Port Saint Lucie, Fl 34953	
3. The mailing a	address (if different):	
4. Date of incorp	rporation/qualification: August 4, 1978 Document number: 743808	
	nd street address of the current registered agent and registered office on file with the artment of State:	
	Tammy Davies	
	373 SW Belmont Cr.	·
	373 SW Belmont Cr.  Port Saint Lucie, FL 34953  Port Saint Lucie, FL 34953	7
6. The name and (if changed):	and street address of the new registered agent (if changed) and for registered office	F
	Donald Finch STAT	D
	481 SW Belmont Cr.	
	(P.O. Box NOT acceptable) Port Saint Lucie, FL 34953	
The street addre as changed will	ress of its registered office and the street address of the business office of its registered age I be identical.	nt,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
(Signatur	James Schmitt / President  (Printed or typed name and title)	_
I hereby accept I further agree to of my duties, and document is beir corporation has	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performan nd I am familiar with and accept the obligation of my position as registered agent. Or, if t ing filed merely to reflect a change in the registered office address, I hereby confirm that t s been notified in writing of this change.	nce his he
Ten.	January 04, 2008	
(Sigi	gnature of Registered Agent) (Date)	_
f signing on bel	ehalf of an entity:	
JAMES	S Schmitt Typed or Printed Name)	

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