144898

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,,,
(Document Number)
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RA Change

JUN 1 5 2020 D CUSHING

COVER LETTER

Division of Corporations		
SUBJECT: JAMESTOWN CONDOMINIUM ASSOCIATION, INC.		
Name of Corporation		
DOCUMENT NUMBER: 744898		
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:		
BENNETT L. RABIN		
Name of Contact Person		
RABIN PARKER GURLEY, P.A.		
Firm/Company		
28059 U.S. Highway 19 North Suite 301		
Address		
Clearwater, Florida 33761		
City/State and Zip Code		
Ben@rabinparker.com		
E-mail address: (to be used for future annual report notification)	20 j	
For further information concerning this matter, please call:	8 - KANÍ	.:
Bennett L. Rabin at (727)475-5535		
Name of Contact Person Area Code & Daytime Telephone Number	PH 3: 2	ÖF STAT
Enclosed is a \$35.00 check made payable to the Department of State.	10	

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

CR2E045 (04/13)



FLORIDA DEPARTMENT OF STATE Division of Corporations

2020 Jim - S Pri 1:51

May 26, 2020

BENNETT L. RABIN RABIN PARKER GURLEY, P.A. 28059 U.S. HIGHWAY 19 NORTH, SUITE 301 CLEARWATER, FL 33761

SUBJECT: JAMESTOWN CONDOMINIUM ASSOCIATION, INC.

Ref. Number: 744898

We have received your document for JAMESTOWN CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 720A00010469

Diane Cushing Senior Section Administrator

www.sunbiz.org

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.		
I. The name of the corporation: JAMESTOWN CONDOMINIUM ASSOCIATION, INC.		
2. The principal office address: 7800 66TH STREET NORTH, SUITE 205 PINELLAS PARK, FLORIDA 33771	_	
3. The mailing address (if different):		
4. Date of incorporation/qualification: 11/13/1978 Document number: 774898		
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)		
CONDOMINIUM MGMT GROUP		
7800 66TH ST. N. SUITE 205		
PINELLAS PARK, FLORIDA 33781	2	≓ ≦o
5. The name and street address of the new registered agent (if changed) and /or registered office (if changed): RABIN PARKER GURLEY, P.A.	8- NOF 0	
28059 U.S. HIGHWAY 19 NORTH, SUITE 301	PH	수유도 교실
P.O. Box NOT acceptable CLEARWATER, FLORIDA 33761	3: 21	
The street address of its registered office and the street address of the business office of its registered agos changed will be identical.	gent,	-
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.		
Signification of the Significa	presi	ideu+
hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relative to the proper and complete performed from the desired agent. Or, if the desired agent is being filed interest to reflect a change in the registered office address. I hereby confirm that corporation has been portfied in writing of this change. Signature of Registered Agent	ance this the	
f signing on behalf of an entity: RAS, N PARKEL GUERS P.A.		
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
45 (04/13)

CR2E045 (04/13)