

N0000000007067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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R A / R O / C H S
@ 6/27/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JOHN'S COVE HOMEOWNERS ASSOCIATION INC
Name of Corporation

DOCUMENT NUMBER: N00000007067

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:

PAULA E. BUTLER
Name of Contact Person

PALMERSTON LLC
Firm/Company

5200 VINELAND RD SUITE 210
Address

ORLANDO, FL 32811
City/State and Zip Code

RAK.SHARMA@EPMSERVICES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAULA BUTLER at (407) 529-3357
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2013

PAULA E. BUTLER
PALMERSTON LLC
5200 VINELAND RD - STE. 210
ORLANDO, FL 32811

SUBJECT: JOHNS COVE HOMEOWNERS' ASSOCIATION, INC.
Ref. Number: N00000007067

We have received your document for JOHNS COVE HOMEOWNERS' 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):

Please list only 1(ONE) corporate name for the new registered agent.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 913A00015396

RECEIVED

13 JUN 27 AM 10:11

OFFICE OF THE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: JOHN'S COVE HOMEOWNERS ASSOCIATION, INC.
- 2. The principal office address: 5200 VINELAND RD SUITE 210, ORLANDO, FL 32811
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 10/20/2003 Document number: N00000007067

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)

PREMIER COMMUNITY MANAGERS
1250 BELLE AVE SUITE 101
WINTER SPRINGS, FL 32708

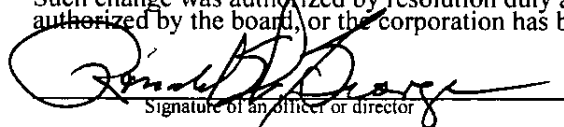
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

PALMERSTON LLC
5200 VINELAND RD SUITE 210
P.O. Box NOT acceptable
ORLANDO, FL 32811

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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.


Signature of an officer or director

RONALD W. GEORGE
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.


Signature of Registered Agent

6-7-13
Date

If signing on behalf of an entity:

RAKESH SHARMA
Typed or Printed Name

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