

NO 4000004096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE FLORIDA

RA Charge

MAR 28 2012

T. LEWIS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Salisbury Road Land Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N04000004096

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:

Deborah Bonafede

Name of Contact Person

Salisbury Road Land Condominium Association, Inc.

Firm/Company

4237 Salisbury Road Building 1 Suite 100

Address

Jacksonville, Florida 32216

City/State and Zip Code

debbie@gideonprops.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deborah Bonafede

Name of Contact Person

at (904)

421-1090

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

March 14, 2012

DEBORAH BONAFEDE
SALISBURY ROAD LAND CONDOMINIUM ASSOC.
4237 SALISBURY ROAD BUILDING 1 SUITE 100
JACKSONVILLE, FL 32216

SUBJECT: SALISBURY ROAD LAND CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N04000004096

We have received your document for SALISBURY ROAD LAND CONDOMINIUM ASSOCIATION, INC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 312A00009338

RECEIVED

12 MAR 27 AM 10:14

JACKSONVILLE, 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: Salisbury Road Land Condominium Association, Inc.
2. The principal office address: 4237 Salisbury Road Building 1 Suite 100,
Jacksonville, Florida 32216
3. The mailing address (if different): _____
4. Date of incorporation/qualification: April 23rd 2004 Document number: 2004138536
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)

Muyers, David J.

2413 Stockton Drive

Green Cove Springs, Florida 32043 US

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

Armentrout, William

4237 Salisbury Road Suite 409

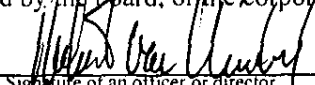
P.O. Box NOT acceptable

Jacksonville, Florida 32216

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TALLAHASSEE FLORIDA

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

Robert Van Winkel
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

03/09/12
Date

If signing on behalf of an entity:

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
CR2E045 (8/05)