N04000004492

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Doctors Inlet Reserve HOA, Inc.

Name of Corporation

N0400004492

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:

Linda K. (Kathy) Melton

Name of Contact Person

The CAM Team, Inc.

Firm/Company

1008 Park Avenue

Address

Orange Park, FL 32073

City/State and Zip Code

dirhoa@agentlink.net

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

For further information concerning this matter, please call:

Linda K. (Kathy) Melton

,_/904 \278-2317

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

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

| 2. The principal office address: C/o The CAM Team 1008 Park Avenue Orange Park, FL 32073 3. The mailing address (if different): 4. Date of incorporation/qualification: 5/5/2004 Document number: N04000004492 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) Community Management Concepts, Inc. 7400 Baymeadows Way #317 Jacksonville, FL 32256 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Linda K. Melton C/o The CAM Team 1008 Park Avenue P.O. Box NOT acceptable Orange Park, FL 32073 The street address of its registered office and the street address of the business office of its registered 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. Gerald W. Felder, President 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 ammiliar with and accept the obligation of my position as register. | 1. The name of the corporation: 1 | Doctors Inlet Rese | erve Homeowners Associatio | n, Inc. |
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| Orange Park, FL 32073 3. The mailing address (if different): 4. Date of incorporation/qualification: 5/5/2004 Document number: N04000004492 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) Community Management Concepts, Inc. 7400 Baymeadows Way #317 Jacksonville, FL 32256 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Linda K. Melton c/o The CAM Team 1008 Park Avenue P.O. Box NOT acceptable Orange Park, FL 32073 The street address of its registered office and the street address of the business office of its registered 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 positified in writing of the change. Gerald W. Felder, President Significance of in an officer or director Frinted or typed name and title I hereby accept the appointment as registered agent and agree to act in this capacity. I hereby accept the appointment as registered agent and agree to act in this capacity. I hereby accept the appointment as registered agent and agree to act in this capacity. I hereby accept the appointment as registered agent and agree to act in this capacity. I hereby accept the appointment as registered agent and agree to act in this capacity. I have been accept the obligation of my position as registered agent and agree to act in this capacity. | | | | |
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| 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. | C | u as regisierea ageni and | a agree to act in this capacity. Ates relative to the proper and complet | e roaistorod |
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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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