

NO4000004511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

10/31/16--01032--015 *\$35.00

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

NOV 01 2016
C. CARROTHERS

2016 OCT 31 AM 10:22
FLORIDA
PACIFIC UNIVERSITY
TALLAHASSEE, FLORIDA

FILED

ANSBACHER LAW

REAL ESTATE · CONSTRUCTION · PERSONAL INJURY
CONDOMINIUMS · HOMEOWNER ASSOCIATIONS

3509 U.S. Highway 17
Fleming Island, FL 32003
904.385.3444

8818 Goodbys Executive Drive
Suite 100
Jacksonville, FL 32217
904.737.4600

1100 South Ponce de Leon Boulevard
Suite 3A
St. Augustine, FL 32084
904.429.4833

389 Palm Coast Parkway SW, Suite 4
Palm Coast, FL 32137
386.445.9789
by appointment only

October 26, 2016

Florida Department of State
Registration Section
ATTN: Division of Corporations
P.O. Box 6250
Tallahassee, FL 32314

**RE: Coquina Crossing Homeowners Association, Inc.
Our File No.: 160366**

Dear Sir/Madam:

Enclosed for the above referenced entity, please find a *Statement of Change of Registered Office for Registered Agent or Both for Corporations* form with cover letter and check in the amount of \$35.00 for the fee associated with same.

Sincerely yours,

Trish A. Daniels
Florida Registered Paralegal

/enclosure

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Coquina Crossing Homeowners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: _____

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:

Barry Ansbacher

Name of Contact Person

Ansbacher Law

Firm/Company

8818 Goodbys Executive Drive

Address

Jacksonville, FL 32217

City/State and Zip Code

tad@ansbacher.net

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

For further information concerning this matter, please call:

Trish Daniels

Name of Contact Person

at (904) 737-4600

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

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: COPUNA CROSSING Homeowners Assoc., Inc

2. The principal office address: P. O. Box 42
ELKTON, FL 32033

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/10/04 Document number: N 04000004S11

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)

Christine Erle
529 Versailles Dr., #103
Maitland, FL 32751

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

Ansbacher Law, P.A.
8818 Goodbys Executive Dr.
P.O. Box NOT acceptable
Jacksonville, FL 32217

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.

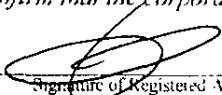
William C. Nepper

Signature of an officer or director

William C. Nepper

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

10/26/14
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 (03/12)

2016 OCT 31 AM 10:00
FILED
FLORIDA
DEPARTMENT
OF STATE
TALLAHASSEE
FLORIDA