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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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(Document Number)
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SECRETARY OF STATE

TALLAHASSEF F. STATE



COVER LETTER

Enclosed is a \$35.00 check made payable to the Department of State.

Cindy Greenfield (Name of Contact Person)

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

904) 242-0666 x12 (Area Code & Daytime Telephone Number)

TO:

Amendment Section Division of Corporations

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: The Watermark Condominium Association of Jacksonville Beach
2. The principal office address: P.O. Box 1987, Yulee FL 32041-1987
3. The mailing address (if different):
4. Date of incorporation/qualification: 2004 Document number: NO400009 444
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)
L Denise Wallace - resigning
920 Third Street #B
Neptune Beach, FL 32266
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Clem Ward ASS
50 3rd Street #903 (P.O. Box NOT acceptable)
Jacksonville Beach, FL 32250
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) Crew Waster Resorres T (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 mayely 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) 12 March 2009 (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)