

ND4000009977

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

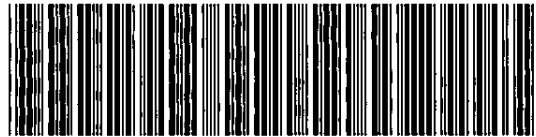
(Document Number)

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2009 DEC 23 P 3:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12-30-09  
R.A. Change  
Theeio

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Parque Diane Homeowners Assn Inc  
Name of Corporation

**DOCUMENT NUMBER:** N04000009977

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:

Janet Barnes

Name of Contact Person

Community Management Concepts of Jacksonville  
Firm/Company

7400 Baymeadows Way #317  
Address

Jacksonville FL 32256  
City/State and Zip Code

jbarnes@cmcjaxfla.com

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

For further information concerning this matter, please call:

Janet Barnes

Name of Contact Person

at (904) 448-3638

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

December 15, 2009

JANET BARNES  
COMMUNITY MANAGEMENT CONCEPTS OF JAX  
7400 BAYMEADOWS WAY STE 317  
JACKSONVILLE, FL 32256

SUBJECT: PARQUE DIANE HOMEOWNERS ASSOCIATION, INC.  
Ref. Number: N04000009977

We have received your document for PARQUE DIANE 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):

The fee to resign as registered agent of an active corporation is \$87.50.

There is a balance due of \$52.50.

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) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 909A00038045

*The wrong form was completed. It should have been a change of registered agent, not a resignation.*

*Thank you.*

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2009 DEC 23 AM 8:00  
SECRETARY OF STATE  
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: Parque Diane Homeowners Association, Inc.  
2. The principal office address: 7400 Baymeadows Way #317  
Jacksonville FL 32256

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: \_\_\_\_\_ Document number: N 04 000009977

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)

Leland Management, Inc.

6972 Lake Gloria Blvd.

Orlando, FL 32809

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

Sherrill Schafer - Community Management Concepts of Jacksonville  
7400 Baymeadows Way #317  
Jacksonville FL 32256

P.O. Box NOT acceptable

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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

\_\_\_\_\_  
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

12/21/09  
Date

If signing on behalf of an entity:

Sherrill Schafer  
Typed or Printed Name

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

2009 DEC 23 AM 8:00

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314