

11040000/1572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

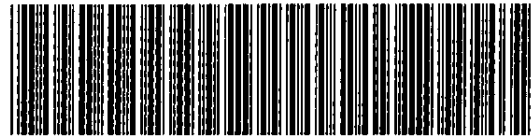
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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PA Chang  
2/29/11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Oakleaf Plantation Business Park Owners Association, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** N04000011572

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Don Hinson

(Name of Person)

Hinson Properties, LLC

(Name of Firm/Company)

8823 San Jose Blvd. Suite 204

(Address)

Jacksonville FL 32217

(City/State and Zip Code)

For further information concerning this matter, please call:

Don Hinson

(Name of Person)

at ( 904 ) 910-5537

(Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for \$87.50 for an active corporation or \$35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

RECEIVED  
SEP 19 2011



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 12, 2011

DON HINSON  
HINSON PROPERTIES, LLC  
8823 SAN JOSE BLVD, SUITE 204  
JACKSONVILLE, FL 32217

SUBJECT: OAKLEAF PLANTATION BUSINESS PARK OWNERS  
ASSOCIATION, INC.  
Ref. Number: N04000011572

We have received your document for OAKLEAF PLANTATION BUSINESS PARK OWNERS ASSOCIATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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

There is a balance due of ~~\$50.00~~ ~~-\$10.52.50~~.

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) 245-6908.

Sylvia Gilbert  
Regulatory Specialist II

Letter Number: 011A00021090

9/20/11 -

Your  
Copy!

Ruby -  
Please take care  
of this by  
Debra

RECEIVED  
11 SEP 29 PM 8:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Oakleaf Plantation Business Park Owners Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N04000011572

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:

Scott W Steffen  
Name of Contact Person

Property Management Systems, Inc.  
Firm/Company

P O Box 1987  
Address

Yulee, FL 32041-1987  
City/State and Zip Code

www.pmsiofflorida.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ruby Castro at ( 904 ) 225-9070 EXT 115  
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**

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: Oakleaf Plantation Business Park Owners Association, Inc.

2 The principal office address: 6972 Lake Gloria Boulevard, Orlando FL 32809-3200

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

4 Date of incorporation/qualification: 12/13/2004 Document number: N04000011572

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 Boulevard

Oriando FL 32809-3200

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

PROPERTY MANAGEMENT SYSTEMS, INC.

463499 STATE ROAD 200

P O Box NOT acceptable

YULEE FL 32097

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

J Pate Foshee/Secretary  
\_\_\_\_\_  
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

September 21, 2011  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Scott W Steffen  
\_\_\_\_\_  
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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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