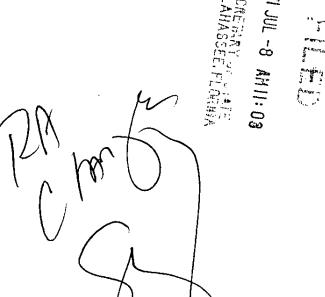
## 

| (Requestor's Name)  (Address)                              | 8002    |
|--|---------|
| (City/State/Zip/Phone #)                                   |         |
| (Business Entity Name)                                     | 0       |
| (Document Number)  Certified Copies Certificates of Status |         |
| Special Instructions to Filing Officer:                    | De port |





06/27/11--01023--002 \*\*35.00



## **COVER LETTER**

| Division of Corporations   |
|--|
| SUBJECT: THE 400 BUILDING AT PARK CENTRAL NORTH (Name of Corporation) (ASSN)  DOCUMENT NUMBER: NO600000592 |
|  |
| The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.              |
| Please return all correspondence concerning this matter to the following:                                  |
| JONATHAN A KARA LEKAS (Name of Person)   |
| WNOSOR OSTRIBUTTNG (Name of Firm/Company)  |
| 5495 BLYSON OR # 411 (Address)   |
| NARCES FL 34/09 (City/State and Zip Code)  |
| For further information concerning this matter, please call:   |
| (Name of Person) (TSD) at (239) 537 0/54 (Area Code & Daytime Telephone Number)                            |

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

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

TO:

**Amendment Section** 



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 29, 2011

JONATHAN A. KARALERAS WINDSOR DUSTRIBUTING 5495 BRYSON DRIVE #411 NAPLES, FL 34109

SUBJECT: THE 400 BUILDING AT PARK CENTRAL NORTH OWNERS'

ASSOCIATION, INC.

Ref. Number: N06000000592

We have received your document for THE 400 BUILDING AT PARK CENTRAL NORTH 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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: 811A00015729

CEIVED
-8 AM 9: 12
ARY OF STATE
SSEE, 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: THE 400 BUILDING AT PARK CENTRAL NORTH  2. The principal office address: 5 4 95 BEY SON BR # 421 ASSOC, ELON,  NADUES F2 34109   |
| 3. The mailing address (if different):   |
| 4. Date of incorporation/qualification:  |
| 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)  ### PESIGNED (WINDSOR DISTRIBUTING)  5495 Bryson Br# 411  NAIUES FL 34109  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  ELIZABETH WILSON  C/O 5495 BR 4SON DR # 421  P.O. Box NOT acceptable  NAPUES FL 34109   |
| 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. |
| UE 400 BULDING COARL CENTRAL NORTH 22 OWE 201/ Signature of Registered Agent Date  |
| If signing on behalf of an entity:   |
| ELIZABETH WILSON Typed or Printed Name   |

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