Division of Corporations Public Access System

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(((H060001255043)))

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To:

Division of Corporations

Fax Number

: (850)205-0380

From:

Account Name

: CORPDIRECT AGENTS, INC.

Account Number : 110450000714 Phone

: (850)222-1173

Fax Number

: (850)224-1640

0478.51712

## REGISTERED AGENT CHANGE

FT. CAROLINE HARBOR HOMEOWNERS ASSOCIATION

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

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STATEM	MENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED ACENT OR BOTH FOR CORPORATIONS
	the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
siatement q	f change is submitted for a corporation organized under the laws of the State of Florida
<i>in</i> .	order to change its registered office or registered agent, or both, in the State of Florida.
	e of the corporation: Ft. Caroline Harbor Homeowners Association, Inc.
2. The princ	cipal office address: 6215 Wilson Blvd., Jacksonville, FL 32210
3. The mail:	ing address (if different): P. O. Box 7779, Jacksonville, FL 32238
4. Date of it	acorporation/qualification: 1/23/2006 Document number: ND6000000699
	e and street address of the current registered agent and registered office on file with the repartment of State:
	Rene Dostie
	4580 Julington Creek Road
	Jacksonville, FL 32258
6. The name (if change	e and street address of the new registered agent (if changed) and for registered office
	Gresham R. Stoneburner Rog 2
	841 Prudential Drive, Suite 1400
	Jacksonville, FL 32207
The street a as changed	ddress of its registered office and the street address of the business office of its registered agent; will be identical.
Such chang authorized	e was authorized by resolution duly adopted by its board of directors or by an officer so by the board, or the corporation has been notified in writing of the change.
	implies of an officer or director)  Tim Workson, President  (Prints or speciments)
I hereby act I further ag of my duties document is	cept the appointment as registered agent and agree to act in this capacity, refer to complete performance or confirmation of the complete or complete performance or complete performance or complete
Kine	Signature of Registered Agent) 5-3-06 (Signature of Registered Agent)
<u> </u>	(Signature of Registered Agent) (Date)
If signing o	n behalf of an entity:
<del></del>	(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
CONTROLS (MA)	