

ND6000004171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

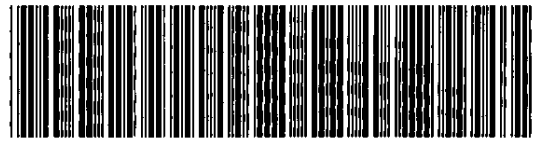
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Coastal Creek Condominium Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N06000004171

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:

Sherrill Schafer  
Name of Contact Person

Community Management Concepts, Inc.  
Firm/Company

7400 Baymeadows Way, Suite 317  
Address

Jacksonville, FL 32256  
City/State and Zip Code

info@cmcjaxfla.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sherrill Schafer at ( 904 ) 367-8532  
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: Coastal Creek Condominium Association, Inc.
2. The principal office address: 7400 Baymeadows Way Suite 317, Jacksonville FL 32256
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: N06000004171
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)

Property Management Partners of St. Johns  
12058 San Jose Blvd., #904  
Jacksonville, FL 32223

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

Community Management Concepts, Inc.  
7400 Baymeadows Way, Suite 317  
P.O. Box NOT acceptable  
Jacksonville, FL 32256

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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.

Peggy F. Talbert  
Signature of an officer or director

V. Press.  
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.*

Sherrill Schafer  
Signature of Registered Agent

August 31, 2010  
Date

If signing on behalf of an entity:

Sherrill Schafer  
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)