

ND6 DDDDD05382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

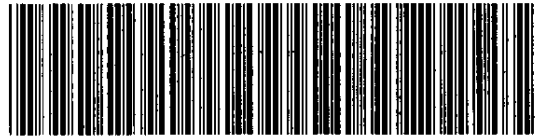
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
09 NOV 30 PM 1:09

RA/RO/chs
1a 11/30/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Reserve at James Island Condominium Assoc
Name of Corporation

DOCUMENT NUMBER: N06000005382

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:

Kim Balaskiewicz
Name of Contact Person

The Reserve at James Island Condominium Association
Firm/Company

11512 Lake Mead Ave., #405
Address

Jacksonville, FL 32256
City/State and Zip Code

irichardson@madison-solutions.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erica Alles at (904) 565-6016
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 4, 2009

THE RESERVE AT JAMES ISLAND CONDOMINIUM ASSOCIATION
10961 BURNT MILL ROAD
JACKSONVILLE, FL 32256

SUBJECT: THE RESERVE AT JAMES ISLAND CONDOMINIUM
ASSOCIATION, INC.
Ref. Number: N06000005382

We have received your document for THE RESERVE AT JAMES ISLAND
CONDOMINIUM 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 document must have original signatures.

Photo copies are not acceptable.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 409A00034832

RECEIVED
NOV 30 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: The Reserve at James Island Condominium Association, Inc.

2. The principal office address: 10961 Burnt Mill Road, Jacksonville, FL 32256

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/17/2006 Document number: N06000005382

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)

BEAL, PAGE

10961 BURNT MILL ROAD SUITE 1328

JACKSONVILLE FL 32256 US

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

Kim Balaskiewicz

11512 Lake Mead Avenue, Suite 405

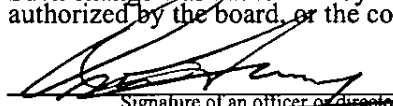
P.O. Box NOT acceptable

Jacksonville, FL 32256

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TALLAHASSEE, FLORIDA
09 NOV 30 PM 1:00

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.

X  Signature of an officer or director Omar Farooq 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

10/01/2009

Date

If signing on behalf of an entity:

Kim Balaskiewicz

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