

NO60000011200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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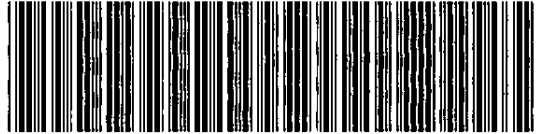
(Business Entity Name)

(Document Number)

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10 MAY 10 PM 2:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

KALM  
5/13/10

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: JACKSON PARK CONDOMINIUM ASSOCIATION, INC.  
Name of Corporation

DOCUMENT NUMBER: N06000011200

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:

Karen Wonsetler  
Name of Contact Person

Karen Wonsetler P.A.  
Firm/Company

860 North Orange Ave. Suite 135  
Address

Orlando, FL 32801  
City/State and Zip Code

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

For further information concerning this matter, please call:

Karen Wonsetler at ( 407 ) 770-0846  
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: JACKSON PARK CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 8695 COLLEGE PARWAY SUITE 1274 FT. MYERS FL 33919 US
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/26/2006 Document number: N06000011200

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)

OMNI MANAGEMENT SERVICES

8695 COLLEGE PARKWAY

FT. MYERS FL 33919 US

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

Karen Wonsetler P.A.

860 North Orange Ave. Suite 135

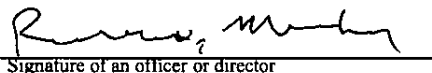
P.O. Box NOT acceptable

Orlando, FL 32801

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TALLAHASSEE, FLORIDA

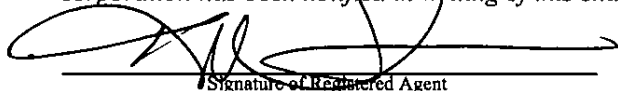
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

5/6/10  
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

5-6-10  
Date

If signing on behalf of an entity:

Karen Wonsetler

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)