

N/3000004559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

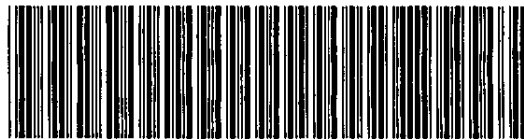
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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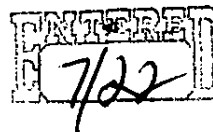
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 AUG 12 PM 3:15

AUG 14 2013

T. BROWN

COVER LETTER



TO: Amendment Section  
Division of Corporations

SUBJECT: WESTBERRY MANOR OWNERS ASSOC.  
Name of Corporation

DOCUMENT NUMBER: N13000004559

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:

ELLEN LUMPKIN

Name of Contact Person

SOVEREIGN JACOBS PROP MGMT

Firm/Company

461 A1A BEACH BLVD

Address

ST. AUGUSTINE, FL 32080

City/State and Zip Code

ELUMPKIN@SOVEREIGN-JACOBS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LAURA EUBANKS

Name of Contact Person

at ( 904 ) 461-5556

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

July 26, 2013

ELLEN LUMPKIN  
SOVEREIGN JACOBS PROP MGMT  
461 A1A BEACH BLVD  
ST AUGUSTINE, FL 32080

SUBJECT: WESTBERRY OWNERS ASSOCIATION, INC.  
Ref. Number: N13000004559

We have received your document for WESTBERRY OWNERS 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 current name of the entity is as referenced above. Please correct your document accordingly.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document accordingly.

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) 245-6050.

Teresa Brown  
Regulatory Specialist II

Letter Number: 013A00018174

**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: WESTBERRY OWNERS ASSOCIATION, INC.
2. The principal office address: 461 A1A BEACH BLVD  
ST. AUGUSTINE, FL 32080
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 5/14/2013 Document number: N13000004559
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)

JOHN T DEKLE ESQ.

10475 FORTUNE PARKWAY, SUITE 100

JACKSONVILLE, FL 32256

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

SOVEREIGN-JACOBS PROPERTY MANAGEMENT COMPANIES, LLC


461 A1A BEACH BLVD

P.O. Box NOT acceptable

ST. AUGUSTINE, FL 32080


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.*

  
\_\_\_\_\_  
Signature of Registered Agent

07/18/13

\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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 (03/12)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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