

N29506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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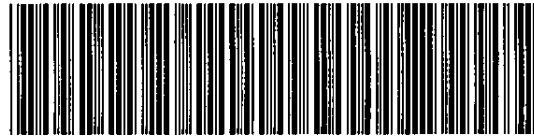
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 17, 2008

QUEENS PARK ASSOCIATION
C/O ABILITY MANAGEMENT
6736 LONE OAK BLVD.
NAPLES, FL 34109-6834

SUBJECT: QUEENS PARK COMMUNITY SERVICES ASSOCIATION, INC.
Ref. Number: N29506

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

Please return your check with a note stating what the money is intended for.

If you have any questions concerning the filing of your document, please call
(850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 208A00054233

Please see attached
"Change of Registered Agent"

RECEIVED
3 AM 8:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
2008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Queens Park Community Services, Assoc. Inc.
(Name of Corporation)

DOCUMENT NUMBER: N 29506

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:

Dennis Lively
(Name of Contact Person)

Ability Management, Inc.
(Firm/Company)

6736 Lone Oak Boulevard
(Address)

Naples, FL 34109-6834
(City/State and Zip Code)

For further information concerning this matter, please call:

Dennis Lively at (239) 591-4200
(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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Queens Park Community Services Assoc., Inc.
2. The principal office address: 6736 Lone Oak Blvd
Naples, FL 34109-6834
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/19/04 Document number: N29506

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)

Dennis Lively
6312 Trail Boulevard
Naples, FL 34108 F

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

Dennis Lively
6736 Lone Oak Blvd
(P.O. Box NO. acceptable)
Naples, FL 34109-6834

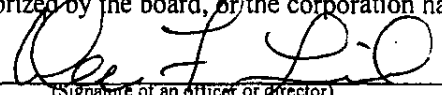
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TALLAHASSEE, FLORIDA

08 NOV -7 PM 3:15

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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.

X 
(Signature of an officer or director)

Dennis Lively, Property Manager
(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.

X 
(Signature of Registered Agent)

10/5/08
(Date)

If signing on behalf of an entity:

alkfjsalckfj
(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