

134652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200131396862

08/18/08--01024--021 \*\*35.00

FILED

2008 JUL -7 AM 8:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11-808  
SL  
RA Change

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Island Estates Neighborhood Assoc., Inc.  
(Name of Corporation)

DOCUMENT NUMBER: N34652

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:

John Andrew Jackson  
(Name of Contact Person)

Christine & Christine, P.A.  
(Firm/Company)

28 Cordova Street  
(Address)

St. Augustine, FL 32084  
(City/State and Zip Code)

For further information concerning this matter, please call:

John Andrew Jackson at (904) 829-0523  
(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

June 23, 2008

JOHN ANDREW JACKSON  
CHRISTINE & CHRISTINE, P.A.  
28 CORDOVA STREET  
ST. AUGUSTINE, FL 32084

SUBJECT: ISLAND ESTATES NEIGHBORHOOD ASSOCIATION, INC.  
Ref. Number: N34652

We have received your document for ISLAND ESTATES NEIGHBORHOOD ASSOCIATION, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6908.

Sylvia Gilbert  
Regulatory Specialist II

Letter Number: 908A00037842

RECEIVED  
Rita M. King

RECEIVED  
2008 JUL -7 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: Island Estates Neighborhood Assoc., Inc.
2. The ~~principal~~ office address: PO Box 352241  
Mailing Palm Coast, FL 32135
3. The ~~mailing~~ address (if different): 109 S. 6th St., Ste. 200  
principal Flagler Beach, FL 32136
4. Date of incorporation/qualification: 10/11/89 Document number: N34652
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

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

Christine & Christine, P. A.

28 Cordova Street

(P.O. Box NOT acceptable)

St. Augustine, FL ~~32136~~ 32084

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]  
(Signature of an officer or director)

RICHA D SMITHAMILLON, TREASURER.  
(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]  
(Signature of Registered Agent) ATTORNEY

4/30/08  
(Date)

If signing on behalf of an entity:

J. Andrew Jackson, Esq.  
(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)

FILED  
2008 JUL -7 AM 8:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA