

N36630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

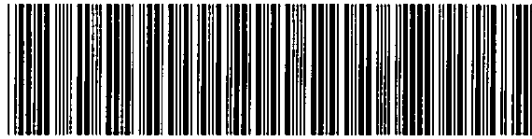
(Document Number)

Certified Copies _____

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RA
Change

07/10/09--01006--025 **35.00

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2009 AUG -3 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

#00789, 00709, 00624, 00671

NR
8/4/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Carnage Crossing Owners Association,
Name of Corporation Inc.

DOCUMENT NUMBER: N 36630

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:

Elaine Brooks
Name of Contact Person

Property management partners of St Johns,
Firm/Company inc.

12058 San Jose Blvd Suite 203
Address

JACKSONVILLE, FL 32223
City/State and Zip Code

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

For further information concerning this matter, please call:

Elaine Brooks at 904, 333-4333
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

July 15, 2009

Elaine Brooks
Property Management Partners of St. John
12058 San Jose Blvd, Suite 203
Jacksonville, FL 32223

SUBJECT: CARRIAGE CROSSING ASSOCIATION, INC.
Ref. Number: N36630

We have received your document for CARRIAGE CROSSING 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The document must have original signatures.

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) 245-6907.

Annette Ramsey
Regulatory Specialist II

Letter Number: 209A00024346

RECEIVED
2009 AUG -3 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: Carriage Crossing Association, Inc.
2. The principal office address: 12058 San Jose Blvd. Suite 203
JACKSONVILLE, FL 32223
3. The mailing address (if different): P.O. Box 600033, Jacksonville,
FL 32260
4. Date of incorporation/qualification: 2/9/1990 Document number: H36630
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)

George Hall
4736 Blanding Blvd.
Jacksonville, FL 32212

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

Property Management Partners of St. Johns,
12058 San Jose Blvd. Suite 203
JACKSONVILLE, FL 32223

P.O. Box NOT acceptable

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.

Christopher C. Hale
Signature of an officer or director

Christopher C. Hale
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

7/1/09
Date

If signing on behalf of an entity.

Elaine Brooks
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
2009 AUG -3 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA