1150003

(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:			
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COVER LETTER

TO:	Amendme Division o	nt Section f Corporations			
SUBJ	ECT:	ST. JOHNS WOOL	OS OWNERS		<u>C.</u>
DOCU	JMENT NU	MBER:	N5060)3	
The er	closed State	ment of Change of Registe	red Office/Agent	and fee are submit	ted for filing.
Please	return all co	rrespondence concerning t	his matter to the	following:	
		SHAF	RLEEN THOM	PSON	
	,		me of Contact Pe		
RIVER CITY MANAGEMENT SERVICES, INC.				<u> </u>	
			Firm/Company		
		1639	BEACH BLV). #15	
			Address		
		JACKSON	VILLE BEACH	l, FL 32250	<u></u>
		City	y/State and Zip C	ode	
		sharleen	_thompson@n	nsn.com	
	_	E-mail address: (to be us			cation)
For fur	ther informa	tion concerning this matter	, please call:		
	SHÁF	RLEEN THOMPSON	ot (904	694-0500
		ne of Contact Person	at (rea Code & Daytin	ne Telephone Number
Enclose	ed is a \$35.0	0 check made payable to th	ne Department of	State.	
		Mailing Address: Amendment Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	tions	Street Address: Amendment Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations g Center Circle

g . 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: ST. JOHNS WOODS OWNERS ASSOCIATION, INC.
2. The principal office address: 1639 BEACH BLVD.
JACKSONVILLE BEACH, FL 32250
3. The mailing address (if different): P. O. BOX 50886
JACKSONVILLE BEACH, FL 32240
4. Date of incorporation/qualification: 8/27/1995 Document number: N50603
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)
RICHARD BAME
8524 TURKEY OAKS DRIVE
JACKSONVILLE, FL 32277
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): RIVER CITY MANAGEMENT SERVICES, INC. 1639 BEACH BLVD. #15 P.O. Box NOT acceptable JACKSONVIUS BEACH, Ft. 32250
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 RICHARD BANE, DIRETOR
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 $4/8/2$
If signing on behalf of an entity:
Typed or Printed Name
* * * FII INC PEF • \$25.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)