## N93000002288

| (Requestor's Name)                      |                     |                  |
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| PICK-UP                                 | ☐ WAIT              | MAIL             |
|   |                     |                  |
| (Bu                                     | siness Entity Nam   | ne)              |
|   |                     |                  |
| (Document Number)                       |                     |                  |
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| Certified Copies Certificates of Status |                     |                  |
|   |                     |                  |
| Special Instructions to Filing Officer: |                     |                  |
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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

RARDONS 10 1.35,13

## **COVER LETTER**

| TO: Amendment Section Division of Corporations  |
|---|
| SUBJECT: Southcreek Homeowners Association, INCO  |
| DOCUMENT NUMBER: N 9300000 2288   |
| 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:                     |
| Name of Contact Person  |
| Firm/Company  |
| 1605 Rebecca Ct Address   |
| 1605 Rebecca Ct Address  St. Johns, 71 32259  City/State and Zip Code                         |
| 90/die/ock5626 @ Rol. Com E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:                                  |
| Chris Webber at (904) 278-3870  Name of Contact Person Area Code & Daytime Telephone Number   |
| Enclosed is a \$35.00 check made payable to the Department of State.                          |
| Mailing Address: Street Address:  |

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

| statement of change is submitted for a corporation organized under the laws of the State of F.   |
|--|
| in order to change its registered office or registered agent, or both, in the State of Florida.  |
| 1. The name of the corporation: Jouthane Women where Association, /  |
| 2. The principal office address: 1605 Rebeces CE   |
| Dt. Johns, H 32259   |
| 3. The mailing address (if different): P.o. Boy 600/84   |
| Ut. Johns, FT 32260  |
| 4. Date of incorporation/qualification: <u>5/19/1998</u> Document number: <u>N 9300000 2288</u>  |
| 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)   |
| Guy C. Bond, Esquipe   |
| 11512 LAKE Mend Ave. Suite 303   |
|  |
| Tackson Uille, Fr. 80256  6. The name and street address of the new registered agent (if changed) and /or registered office  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  |
| Roseanne Pereine Atty  |
|  |
| P.O. Box NOT acceptable  |
| Ponte Vedra, Fl. 32082   |
| 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.  |
| ORistie a Webber, TREASURER Signature of an officer or director  Christive A Webber, TREASURER   |
| 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 opporation has been notified in writing of this change. |
| Fighture of Registered Agent Juny 2 12013  |
| If signing on behalf of an entity:   |
| Typed or Printed Name  |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

\* \* \* FILING FEE: \$35.00 \* \* \*