

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

Office Use Only



500276841795

09/16/15--01010--015 **35.00

15 SEP 16 PH 4: 20

SEP 21 2015

R. WHITE

COVER LETTER

Division of Corporations				
SUBJECT: Springtree	Village or Jacksonville	apres	ASSN.	INC
	Name of Corporation		_	

N95000005521

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:

Bill Thompson
Name of Contact Person Florida Property & ASSN MGT 4736 Blanding Blud
Address JACKSONVINE FL 32210
City/State and Zip Code E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bill Thompson

Name of Contact Person at (80) 435-8718

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

TO:

Amendment Section

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 Florian
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Springtree Village of Jacksonville Owners ASN, NC.
2. The principal office address: 4736 Blanding Blud
JACKSONVILLE FL 32210
3. The mailing address (if different): Po Box 440367
Jacksonville FL 32222-6004
4. Date of incorporation/qualification: Document number: N950000552/
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)
4736 Blanding Blud
JACKSONVILLE, FL 32210
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
No Change
4736 Blanding Blad P.O. Box NOT acceptable
Jacksonville H. 3200
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 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 of Registered Agent Date
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 * * *