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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e#)
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ARY OF STATE

P/A chg MM 8/8/03

TRANSMITTAL LETTER

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 409 E. Gaines Street Tallahassee, FL 32399

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, the
undersigned corporation organized under the laws of the State of FLORIDA
submits the following statement in order to change its registered office or registered agent, or both, in the
State of Florida.
1. The name of the corporation: PARKEL PLACE HOME OWERS ASSOCIATION, IN
2. The mailing address of the corporation: 9499 PARKER PLACE DR. NAUARRE,
FL 32566.
3. Date of incorporation/qualification: 1//5/96 Document number: N96000057/9
4. The name and address of the current registered agent and registered office:
STACIE DINAN - SECRETARY TREASURER
9499 PARVER PLACE DR. 28
NAVARRE FL 3566
5. The name and address of the new registered agent (if changed) and /or registered office (if changed):
ANTONIO GARCIA, VR.
9547 Prouse dries to
NAVARRE (L 31516
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.
(1/00) 28 Jul 03
(Signature of an officer, chairman or vice chairman of the board) (Date)
JOHN & CARTERY
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
(Appea of Filmed Fame)

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