

720377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

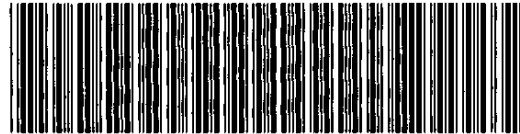
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R+R/D/chg
@ 11/3/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: KENILWOOD TOWNHOUSE ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: 720377

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:

Joanie Trotman
Name of Contact Person

Florida Association & Property Management, Inc.
Firm/Company

Post Office Box 11143
Address

Tallahassee, Florida 32302
City/State and Zip Code

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

For further information concerning this matter, please call:

Joanie Trotman at (850) 727-7335
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

**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: KENILWOOD TOWNHOUSE ASSOCIATION, INC.
2. The principal office address: 16893 Sunray Road, Tallahassee, Florida 32309
3. The mailing address (if different): Post Office Box 11143, Tallahassee, Florida 32302
4. Date of incorporation/qualification: 02/25/1971 Document number: 720377
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)

Robert S. Rhinehart

644 Capital Circle NE

Tallahassee, Florida 32301

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

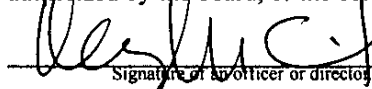
Florida Association & Property Management, Inc.

16893 Sunray Road, Tallahassee, Florida 32309

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.



Signature of an officer or director

Mary McCormick

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

September 27, 2010

Date

If signing on behalf of an entity:

Joanie Trotman

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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