

ND4000004216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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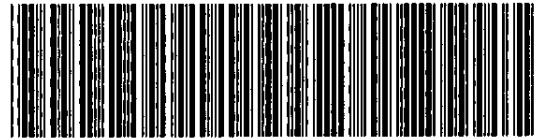
(Business Entity Name)

(Document Number)

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12 MAR 30 PM 1:47  
DIVISION OF CORPORATIONS

RA/RO/CHS  
@ 4/2/12

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TOWNHOMES OF SISTERS CREEK HOA  
Name of Corporation

**DOCUMENT NUMBER:** N04000004216

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:

Jerry R Chapman  
Name of Contact Person

Townhomes of Sisters Creek  
Firm/Company

901 63<sup>rd</sup> St. Ocean W  
Address

Marathon FL 33050  
City/State and Zip Code

stc471@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jerry R Chapman at (336) 408-8140  
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: Townhomes of Sisters Creek Homeowner's Assoc., Inc.  
2. The principal office address: 901 63<sup>rd</sup> St. Ocean W  
Marathon FL 33050

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 4/28/2004 Document number: NO 4000004216

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)

Joshua Shemtov  
700 NE 90 ST  
Miami FL 33138

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

Jerry R Chapman  
901 63<sup>rd</sup> St. Ocean W  
P.O. Box NOT acceptable  
Marathon FL 33050

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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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]  
Signature of an officer or director

Hank Sokoljuk Vice President  
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]  
Signature of Registered Agent

March 26 2012  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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