

NO40000004216

(Requestor's Name)

(Address)

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R.A.

JAN - 9 2013

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TOWNHOMES OF SISTERS CREEK HOMEOWNER'S ASSOCI
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:

GAIL HARGIS
Name of Contact Person

Firm/Company

159 NATICK TRAIL
Address

BRICK, NJ 08724
City/State and Zip Code

GAILGSV@NETSCAPE.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GAIL HARGIS at (732) 616-0132
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 Sister s Creek Homeowner's Association Inc.

2. The principal office address: 159 Natick Trail, Brick, NJ, 08724

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/28/2004 Document number: N04000004216

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)

BECKER & POLIAKOFF P.A.
121 ALHAMBRA PLAZA, SUITE 1000
CORAL GABLES, FL 33134

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

CHRISTOHPER S. NELSON, P.A.
611 EATON STREET
P.O. Box NOT acceptable
Key West , FL 33040

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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

Paul HARGIS President TSC 40.4
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

12/28/12
Date

If signing on behalf of an entity:

[Signature]
Typed or Printed Name
CHRISTOPHER NELSON, FOR
CHRISTOPHER NELSON P.A.
*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314