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Certified Copies	Certified Copies Certificates of Status			
Special Instructions to	Filing Officer			
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Office Use Only



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## **COVER LETTER**

TO: Amendment Section Division of Corporations					
Town Shores of Gulfport #202 Inc., A Condominium (Chatham)					
Name of Corporation					
DOCUMENT NUMBER:					
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:					
Roger Bell, Association Manager					
Name of Contact Person					
Town Shores Master Association, Inc.					
Firm/Company					
3210 59th St. S.					
Address					
Gulfport, FL 33707					
City/State and Zip Code					
rbtownshores@gmail.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Roger Bell at (727 345-9491  Name of Contact Person Area Code & Daytime Telephone Number					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.					

Street Address: Amendment Section

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32301

2661 Executive Center Circle

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

CR2E045 (03/12)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida . inge is submitted for a corporation organized under the laws of the State of $_{ extstyle}$ r to change its registered office or registered agent, or both, in the State of I	Flori		•	
	the corporation: Town Shores of Gulfport #202 Inc., A Condoi		n (Cha	athar	n)
	office address: 3210 59th St. S.				<del>/</del>
2. The principal	Gulfport El 33707				
3. The mailing a	ddress (if different):				_
4. Date of incorp	poration/qualification:06/17/1971	7211	84		
	t street address of the current registered agent and registered office on file witness tate: (If resigned, enter resigned)	th the			
	RESIGNED		图是	<del>15</del>	
			<b>X</b>	APR	
			¥.≥	5	<del></del>
			F. Q	P	0
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered of	lice	ABLASSIT I LORIDA	8: 45	
	Richard Zacur		Þ		
	5200 Central Ave.				
	P.O Box NOT acceptable				
	St. Petersburg, FL 33707				
The street addre	ess of its registered office and the street address of the business office of its be identical.	registe	red ager	ıt,	
1/1	is authorized by resolution duly adopted by its board of directors or by an one board, or the corporation has been notified in writing of the change.	officer s	О		
Murcy &	re of an officer or director  NANCY I Design Frinted or typed name anglish	·	<del></del>		
i turiner agree ti	the appointment as registered agent and agree to act in this capacity, o comply with the provisions of all statutes relative to the proper and commy duties, and I am familiar with and accept the obligation of my position is document is being filed merely to reflect a change in the registered officulation that the corporation has been notified in writing of this change.	plete as regi: e addres	stered ss, I		
	Date 2/18/15				
If signing on beh					
1 9]	* * * 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 (03/12)