

721954

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

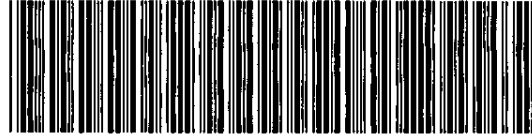
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400271291764

04/06/15--01024--020 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR -6 AM 8:38

FILED

APR 10 2014
C. CARROTHERS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Town Shores of Gulfport #207 Inc., A Condominium (Eton)
Name of Corporation

DOCUMENT NUMBER: 721954

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

Name of Contact Person

at (**727**) **345-9491**

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: Town Shores of Gulfport #207 Inc., A Condominium (Eton)

2. The principal office address: 3210 59th St. S.
Gulfport, FL 33707

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/28/1971 Document number: 721954

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)

RESIGNED

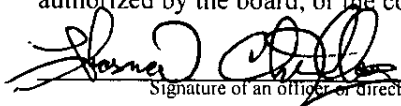
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Richard Zacur
5200 Central Ave.
P.O. Box NOT acceptable
St. Petersburg, FL 33707

FILED
15 APR -6 AM 8:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

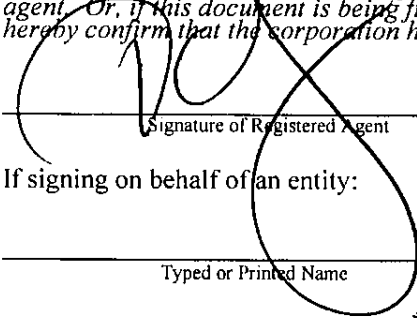
The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

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

Thomas Chilloy
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

2/18/15
Date

If signing on behalf of an entity:

Typed or Printed Name

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