

729176

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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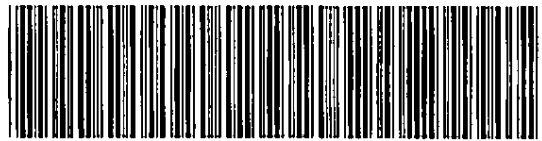
(Business Entity Name)

(Document Number)

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FEB 17 2017  
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Towne Square Villas Condominiums Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 729176

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:

Catherine Y. Combs

Name of Contact Person

Towne Square Villas

Firm/Company

6325 Providence Circle

Address

New Port Richey, FL 34652

City/State and Zip Code

TowneSquareVillas@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Catherine Combs

Name of Contact Person

at ( 727 ) 236-7737

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: Towne Square Villas Condominiums, Inc.
2. The principal office address: 6325 Providence Circle  
New Port Richey, FL 34652
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: Mar. 26, 1974 Document number: 729176
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)

Qualified Property Management, Inc.  
5901 U.S. Hwy. 19 Ste. 7Q  
New Port Richey, FL 34652

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): As of 10/31/2016

Catherine Y. Combs  
6325 Providence Circle  
P.O. Box NOT acceptable  
New Port Richey, FL 34652

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.

Mark W. Glue MARK W. GLUE  
Signature of an officer or director Printed or typed name and title

President, TSV Board of Directors  
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.

Catherine Y. Combs 2/9/17  
Signature of Registered Agent Date

If signing on behalf of an entity:

Catherine Y. Combs, TSV Property Mgr.  
Typed or Printed Name

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