

764632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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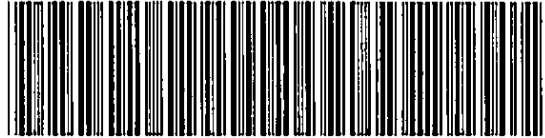
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TOWNVIEW CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: 764632

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:

ANNE HATHORN, ESQ.

Name of Contact Person

ANNE HATHORN LEGAL SERVICES, LLC

Firm/Company

150 2nd Avenue North, Suite 1270

Address

Saint Petersburg FL 33701

City/State and Zip Code

anne@annchathorn.com

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

For further information concerning this matter, please call:

ANNE HATHORN, ESQ.

Name of Contact Person

at (727)

895-5060

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: TOWNVIEW CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: C/O Resource Property Management, 7300 Park St, Seminole FL 33777
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 08/19/1982 Document number: 59-2214978
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)

Bolin, Peyton, PL

695 Central Ave, Suite 207

Saint Petersburg FL 33701

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

ANNE HATHORN LEGAL SERVICES, LLC

150 2ND AVENUE NORTH, SUITE 1270

P.O. Box NOT acceptable

SAINT PETERSBURG FL 33701

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.

Alan Rosetti

Signature of an officer or director

Alan Rosetti, 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.

Anne Hathorn

Signature of Registered Agent

7/8/2020

Date

If signing on behalf of an entity:

ANNE HATHORN, ESQ.

Typed or Printed Name

*** 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 (04/13)

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