768035

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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SECRETARY OF STATE

C. GOLDEN

ETY 2.2 7018

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Timberlane Owners Association Inc. Name of Corporation		
DOCUMENT NUMBER: 748035		
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:		
Patricia Stowell Name of Contact P	erson	
Timberlane Owners Association Inc		
5300 NW 38th Place		
Gain es ville FL 32406 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Patricia Stowell at (355 338-6834 Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Department of	of State.	
Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	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 Florical in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: <u>Timberlane</u> Owners Association Inc. 2. The principal office address: <u>5300 NW 38+n Place</u> Gaines dille FL 32606
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 4/20/1933 Document number: 768035 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) Macco Thomas Resigned SECRETARY SARE NOW 38+12 PR 32606 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Patricia Stowell
5308 NW 38th Place P.O. Box NOT acceptable Gainesville FL 32606
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. Patricia Stowell Treasure: 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 Signature of Registered Agent Date
If signing on behalf of an entity:

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

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