770725

(Red	questor's Name)	
(Add	iress)	
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(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Na	me)
(Doc	cument Number))
Certified Copies	Certificate	s of Status
Special Instructions to F	Filing Officer:	7/20/17.
Special Instructions to F	x Axford	W I
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Office Use Only



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COVER LETTER

TO:

Amendment Section Division of Corporations

TIMBERLAKE CONDOMINIUM NO. "1" ASSOCIATION, INC.
Name of Corporation
DOCUMENT NUMBER: 770725
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:
MARK AXFORD
Name of Contact Person
COMPASS ROSE MANAGEMENT. INC.
Firm/Company
1227 DEL PRADO BLD. S. #201
Address
CAPE CORAL, FL 33990
City/State and Zip Code
mark@compassrosemanagement.com ✓
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARK AXFORD Name of Contact Person at (239) 309-0622 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.

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

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 Statutes, this inge is submitted for a corporation organized under the laws of the State of FLORIDA r to change its registered office or registered agent, or both, in the State of Florida.	
	the corporation: TIMBERLAKE CONDOMINIUM NO. "1" ASSOCIATION, I office address: 1227 DEL PRADO BLVD. S. #201 CAPE CORAL, FL 33	
3. The mailing a	ddress (if different): 1227 DEL PRADO BLVD S. #201 CAPE CORAL FL 33	3990
4. Date of incorp	poration/qualification: 10/12/1983 Document number: 770725	
	i street address of the current registered agent and registered office on file with the trnent of State: (If resigned, enter resigned)	
	SENTRY MANAGEMENT INC (Resigned)	
	76 PONDELLA ROAD, SUITÉ 201	
	76 PONDELLA ROAD, SUITE 201	
6. The name and (if changed):	N-Fart Myer's FL 33403 I street address of the new registered agent (if changed) and /or registered office MARK AXFORD	
	COMPASS ROSE MANAGEMENT 1227 DEL PRADO BLVD. S. #201	
	P.O. Box. NOT acceptable	
	CAPE CORAL, FL 33990	2005 - E 2005 - E
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.	第77 ~ 四点 本
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.	
X here	For an officer or director IRENE FARINA; PRESIDENT	
•	the appointment as registered usent and usere to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duties, and I am jamiliar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change. Application of Registered spair.	~.·
If signing on be	half of an entity:	
MARK AXF		
τ	* * * 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)