

N03000005659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

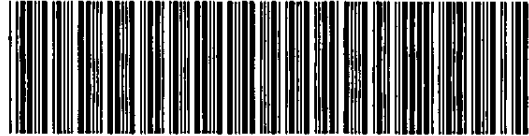
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

need RA signature

Office Use Only



900280638259

01/26/16--01002--014 **35.00

FILED
16 FEB - 8 PM 4:03
STATE OF ARIZONA
CLERK OF SUPERIOR COURT
PHOENIX, ARIZONA

FEB 9 2016

D CONNELL

RA CH



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 27, 2016

LAWUANA ANN GILLIAN
CUSTOMIZED COMMUNITY MANAGEMENT, LLC
890 NORTHERN WAY, SUITE B-2
WINTER SPRINGS, FL 32708

SUBJECT: ASHFORD PARK TOWNHOME OWNERS ASSOCIATION, INC.
Ref. Number: N03000005659

We have received your document for ASHFORD PARK TOWNHOME OWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There seems to be a little confusion about the registered agent. On the actual application it says that Lawuana Ann Gilian is going to sign as the agent but the signature is missing. On the attached page Tammi Torres is signing as Registered Agent. Please make the appropriate changes and have the proper person sign as registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 616A00001775

RECEIVED
16 FEB -8 AM 11:19

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ashford Park Townhomes Owners Association
Name of Corporation

DOCUMENT NUMBER: N03000005659

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:

Lawuana Ann Gillian

Name of Contact Person

Customized Community Management, LLC

Firm/Company

890 Northern Way Suite B-2

Address

Winter Springs, FL 32708

City/State and Zip Code

owner@customizedcm.com

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

For further information concerning this matter, please call:

Lawuana Ann Gillian

Name of Contact Person

at (407) 542-0367

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: Ashford Park Townhome Owners Association, Inc.
2. The principal office address: 890 Northern Way, Suite B-2, Winter Springs
Florida 32708
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12-16-15 Document number: N03000005659

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)

Community Management Specialist, Inc.

1942 W County Road 419, Suite 1030

Oviedo, FL 32766

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

Customized Community Management, LLC

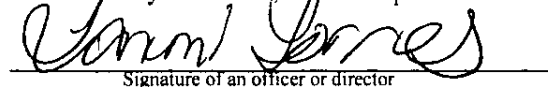
890 Northern Way, Suite B-2

P.O. Box NOT acceptable

Winter Springs, FL 32708

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

Tammi Torres

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

12-21-2015

Date

If signing on behalf of an entity:

Lawuana Ann Gillian

Typed or Printed Name

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