

NID4000009279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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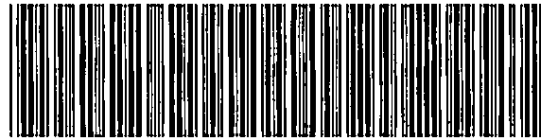
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AUG 01 2017

I ALBRITTON

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Town Center Condominium Association INC.  
Name of Corporation

DOCUMENT NUMBER: NO4000009279

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:

Cookie Kelly  
Name of Contact Person

Town Center Condominium Association INC.  
Firm/Company

PO Box 470483  
Address

Celebration, FL 34797  
City/State and Zip Code

cookiekelly@mac.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cookie Kelly at ( 407 ) 319-0918  
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

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: Town Center Condominiums Association Inc.
2. The principal office address: 691 Front St, unit 210 Celebration, FL 34747
3. The mailing address (if different): PO Box 1470483 Celebration, FL 34747
4. Date of incorporation/qualification: 7/28/2009 Document number: No 4000009279

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)
Sheila Slutsky
709 Bloom Street / 120
Celebration, FL 34747

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Cookie Kelly
691 Front St, 210
Celebration, FL 34747

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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 (Handwritten signature)

Laurel Rousseau
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 (Handwritten signature)

7/20/17
Date

If signing on behalf of an entity:
Cookie Kelly
Typed or Printed Name

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