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SECRETARY OF STATE TALLAHASSEE, FLORIOA

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R.A

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COVER LETTER

Division of Corporations SUBJECT: The Village at Townpark Condominium Association, La Name of Corporation N05000004621 DOCUMENT NUMBER:_ 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: Darren R. Inverso, Esq. Name of Contact Person Norton, Hammersley, Lopez & Skokos, P.A. Firm/Company 1819 Main Street, Suite 610 Address Sarasota, FL 34236 City/State and Zip Code dinverso@nhlslaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Darren R. Inverso Name of Contact Person Area Code & Daytime Telephone Number Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: **Street Address:** Amendment Section Amendment Section Division of Corporations ... **Division of Corporations** P.O. Box 6327 Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

TO:

Amendment Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a co	orporation organized	507.1508, or 617.1508, Fl d under the laws of the Sto d agent, or both, in the Sta	ate of Florida	
			npark Condominiu lite 5000, Longwood,	m Association, Inc. FL 32779-5044	
3. The mailing a	ddress (if different):				
4. Date of incorp	ooration/qualification:	May 4, 2005	Document number:	N05000004621	
	I street address of the cur tment of State: (If resign		t and registered office on	file with the	
	James W. Hart, Jr	., Sentry Manag	ement, Inc.		
	2180 West SR 434	2009 56 7AL			
	Longwood, FL 32	779-5044		TALLAHASS	
6. The name and (if changed):	street address of the ne	w registered agent (i	f changed) and /or registe	JG 31 PH 12: 39 ARETARY OF STATE AHASSEE, FLORID red office	
	Darren R. Inverso,	Esq.		2: 3	
	Norton, Hammersley, Lopez & Skokos, PA				
	1819 Main St, Suit	P.O. Box NOT ac e 610, Sarasota	•		
The street addre		·		ce of its registered agent,	
Such change was authorized by th	as authorized by resolut ne board, or the corpora	tion duly adopted by	y its board of directors or led in writing of the chan	r by an officer so ge.	
Signatu	re of an officer or director		Jim Thomas, Asso	me and title	
/		istered agent and a istons of all statute d accept the obliga ct a change in the r g of this change.		ity. Ind complete performance gistered agent. Or, if this I hereby confirm that the	
Sīg	nature of Registered Agent		Date		
If signing on be	half of an entity:				
	arren R. Inverso	<u> </u>			
T	yped or Printed Name				

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