Office Use Only



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01/28/08--01049--003 \*\*35.00

## **COVER LETTER**

SUBJECT: TIMACUAN PARK TOWNHOMES OWNERS ASSOCIATION, INC. (Name of Corporation) DOCUMENT NUMBER: N06000004605 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: RAKESH SHARMA (Name of Contact Person) PALMERSTON, LLC (Firm/Company) PO BOX 197043 (Address) WINTER SPRINGS FL 32719 (City/State and Zip Code) For further information concerning this matter, please call: at (407) 327-5824 (Area Code & Daytime Telephone Number) RAKESH SHARMA (Name of Contact Person) Enclosed is a \$35.00 check made payable to the Department of State. Street Address: **Mailing Address:** Amendment Section Amendment Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (8/05)

TO:

Amendment Section Division of Corporations

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

	- · · · · · · · · · · · · · · · · · · ·	17.0502, 607.1508, or 617.1508, Flori organized under the laws of the State	,
	_	registered agent, or both, in the State	· — · — — —
1. The name of	the corporation: TIMACUAN PARK	CTOWNHOMES OWNERS ASSOCIA	ATION, INC.
2. The principal	office address: 165 W SR 434 WII	NTER SPRINGS FL 32708	
		2040 MINUTED ODDINGO EL 20740	
3. The mailing a	address (if different): PO BOX 197	043 WINTER SPRINGS FL 32719	
4. Date of incorp	poration/qualification: 04/26/2006	Document number: N060	000004605
	d street address of the current regist rtment of State:	tered agent and registered office on file	e with the
	LUDEQUAM, BRETT C/O	CENTEX HOMES	ins
	2301 LUCIEN WAY, STE	400	2008 JAN 28 SECRETARY SECRETARY
	MAITLAND FL 32751		ALC: N
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or registered	Toffig. FLORID
	PALMERSTON, LLC	<del></del>	ORIDE 35
	165 W SR 434		<del></del>
	(P.O. Box NOT acceptable) WINTER SPRINGS FL 32708		
		· · · · · · · · · · · · · · · · · · ·	<del></del>
- n/	//	street address of the business office	
Such charge wa authorized by th	as authorized by resolution duly a ne board or the corporation has be	dopted by its board of directors or by een notified in writing of the change.	y an officer so
Minn		THOMAS BONTRAGER,	
	ire other other or director)	(Printed or typed name	
I nereby accept I further agree ( of my duties, an document is bei corporation has	ing appointment as registered ag to comply with the provisions of a ad I am familiar with and accept the ng filed merely to reflect a chang s been notified in writing of this cl	ent and agree to act in this capacity. Il statutes relative to the proper and he obligation of my position as regis. e in the registered office address, I h hange.	complete performance tered agent. Or, if this ereby confirm that the
K	rang.	JANUARY 11, 2008	
(Sig	gnature of Registered Agent)	(Date)	·
lf signing on be	half of an entity:		
RAKESH SHA	ARMA		
r)	Typed or Printed Name)	•	

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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