

# NO 10000006579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

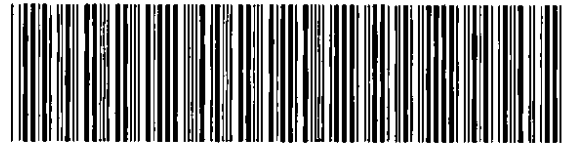
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FL

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: TRIPLE CREEK HOMEOWNERS ASSOCIATION, INC.

Name of Corporation

DOCUMENT NUMBER: N07000006579

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:

Charles Low

Name of Contact Person

Real Manage

Firm/Company

458 N. Tamiami Trail

Address

Osprey, Florida 34229

City/State and Zip Code

TRIPLEC@ciramail.com

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

For further information concerning this matter, please call:

Charles Low

Name of Contact Person

at (866)

473-2573 ext. 5104

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**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: TRIPLE CREEK HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 458 N. Tamiami Trail, Osprey, FL 34229
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 07/02/2007 Document number: N07000006579
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)

The Ruggieri Law Firm P.A.

1300 Avalon Lake Drive, Ste. 305

Orlando, FL 32828

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

Rabin Parker Gurley, P.A.

2653 McCormick Drive

P.O. Box NOT acceptable

Clearwater, FL 33759

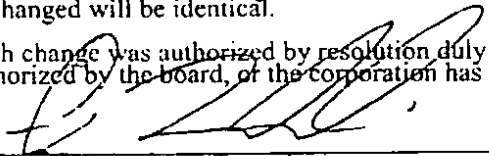
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

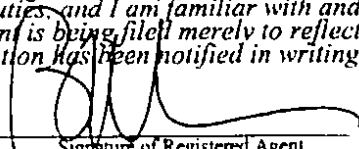
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

Eric Lewandowski, President

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

10/31/24  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Bennett L. Rabin

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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