## N07649

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Timberlake Condominium No. 3 Association, Inc

Name of Corporation

DOCUMENT NUMBER: N07649

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:

Mark Axford

Name of Contact Person

Compass Rose Management, Inc.

Firm/Company

1227 Del Prado Blvd. S. #201

Address

Cape Coral, El. 33990

Cape Coral, FL 33990

City/State and Zip Code

mark@compassrosemanagement.com /

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

For further information concerning this matter, please call:

Mark Axford at (239 309-0622 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

•	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of FLORIDA
-	to change its registered office or registered agent, or both, in the State of Florida.
1. The name of th	ne corporation: TIMBERLAKE CONDOMINIUM NO. 3 ASSOCIATION, INC. office address: 1227 DEL PRADO BLVD. S. #201 CAPE CORAL, FL 33990
3. The mailing ad	Idress (if different): 1227 DEL PRADO BLVD S. #201 CAPE CORAL FL 33990
4. Date of incorpo	oration/qualification: 02/15/1985 Document number: N07649
	street address of the current registered agent and registered office on file with the ment of State: (If resigned, enter resigned)
; -	SENTRY MANAGEMENT INC (Resigned)
	76 PONDELLA ROAD SUITE 201
	NORTH FORT MYERS, FL 33903
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office.
_	MARK AXFORD
	COMPASS ROSE MANAGEMENT 1227 DEL PRADO BLVD. S. #201
-	P.O. Box NOT acceptable
-	CAPE CORAL, FL 33990
The street address as changed will be	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change.
July Signature	JOSEPH WALDVOGEL; PRESIDENT Printed or typed name and title
I hereby accept to I further agree to performance of a agent. Or, if this hereby confirm to Signate	the appointment as registered agent and agree to act in this capacity. The comply with the provisions of all statutes relative to the proper and complete my duties, and if amiliar with and accept the obligation of my position as registered as document is being fulfid merely to reflect a change in the registered office address, I hat the corporation has been notified in writing of this change.  The corporation has been notified in writing of this change.
If signing on beh	nalf of an entity:
MARK AXF	ORD
Туј	ped or Printed Name  * * * FILING FEE: \$35.00 * * *
	MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MA	ALL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)