N07671

(Re	questor's Name)				
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
•	,	,			
PICK-UP	WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Do	cument Number)	•			
(30	ournont Humber,				
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					
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COVER LETTER

	dment Section on of Corporations			
SUBJECT:	A.C. CONDO	MINIUM ASSOC Name of Corporati	CIATION, INC	<u>).</u>
DOCUMENT	NUMBER:	N0767	71	
The enclosed S	Statement of Change of R	egistered Office/Agent	and fee are subm	itted for filing.
Please return a	all correspondence concer	ning this matter to the	following:	
		Benjamin Isip Name of Contact Pe	rson	<u>_</u>
			,	
	Towe	ers Property Manag Firm/Company		
		1 min/Company		•
	407	Lake Howell Road,	Suite 106	
		Address		The state of the s
		,	State of the Line	
	A Company of the second of the	Maitland, FL 327 City/State and Zip C	751	1
		City/State and Zip C	Code	
	info	@towerspropertym	amt com	
	E-mail address: (to	be used for future a	nnual report noti	fication)
	•		•	·
For further inf	formation concerning this	matter, please call:		
	Benjamin Isip	at (407	924-2528
	Name of Contact Person		rea Code & Dayt	ime Telephone Number
Enclosed is a \$	\$35.00 check made payab	le to the Department of	State.	
	Mailing Addre Amendment S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address Amendment S Division of Co Clifton Buildi 2661 Executiv Tallahassee, F	ection orporations ng ve Center Circle

TO:

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

statement of chang	ge is submitted for a corp	ooration organized	07.1508, or 617.1508, Fl under the laws of the Sta agent, or both, in the Sta	ate of Florida
1. The name of the	corporation: A.C. Co	ONDOMINIU	M ASSOCIATION	N, INC.
2. The principal of	fice address: 407 Lake	e Howell Road,	Suite 106	
Maitland, FL	. 32751			
3. The mailing add	ress (if different): PO	Box 781327		
4. Date of incorpor	ration/qualification:	02/15/1985	Document number:	N07671
	treet address of the currenent of State: (If resigned		and registered office on	file with the
<u></u>	BOYLE, JAMES			
4	98 PALM SPRING	S DRIVE #235		- Tari
F	ALTAMONTE SPRI	NGS FL 32701		
6. The name and st (if changed):	treet address of the new	registered agent (if	changed) and /or register	red office
1	Towers Property Ma	inagement, Inc.		——
4	07 Lake Howell Ro			
<u> </u>	Maitland, FL 32751	P.O. Box NOT acce	ptable	
as changed will be	e identical.			ce of its registered agent,
Such change was authorized by the	authorized by resolutio board, or the corporation	n duly adopted by on has been notifie	its board of directors or d in writing of the chan	by an officer so ge.
Lluki Signature o	Lingletary— of an officer or director		Vicki Single Printed or typed nai	etary, Treasurer
I hereby accept th I further agree to of my duties, and document is being corporation has b	te appointment as regis comply with the provis I am familiar with and gfiled merely to reflect een notified in writing	tered agent and ag ions of all statutes accept the obligati a change in the re of this change.	ree to act in this capact relative to the proper a ion of my position as reg gistered office address,	ity. nd complete performance gistered agent. Or, if this I hereby confirm that the
Konj	ure of Registered Agent		$\frac{12/8}{}$	<u> </u>
If signing on beha	alf of an entity.			
Towers Pro	perty Management,	Inc.		

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

Typed or Printed Name