N08000008151

(Re	questor's Name)			
(Add	dress)			
(Ade	dress)			
(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Document Number)				
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04/29/14--01012--006 **35.00

SECRETARY OF SAME

C. LEWIS

MAY 9 2014

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: Timuquana Park Homeowners' Association, Inc. Name of Corporation				
DOCUMENT NUMBER: NO8000008151				
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:				
Lois Arsenault				
Name of Contact Person				
Firm/Company				
25445 State Rd 46				
Address				
Sorrento, FL 32776				
City/State and Zip Code				
arsenaultga@gmail.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Lois Arsenault Name of Contact Person at (407) 467-7733 Area Code & Daytime Telephone Number				
Name of Contact Person Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Addresses Street Addresses				

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

CR2E045 (03/12)

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

statement of cha	nge is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Statutes ganized under the laws of the State of <mark>Florida</mark> gistered agent, or both, in the State of Florida.			
1. The name of the	ne corporation: Timuquana Par	k Homeowners' Association, Inc			
2. The principal	office address: 25445 State Rd	. 46, Sorrento, Fl 32776			
3. The mailing ac	ddress (if different):				
4. Date of incorp	f incorporation/qualification: Document number: N08000008151				
5. The name and		ed agent and registered office on file with the			
•	resigned				
			14 APR SECRETALL AH		
6. The name and (if changed):	street address of the new registered a	agent (if changed) and /or registered office	R 29		
	Lois Arsenault		PR PR		
	P.O. Box	NOT acceptable	2: 30 3:08:04		
The street addre	ss of its registered office and the street identical.	eet address of the business office of its regist	ered agent,		
		oted by its board of directors or by an officer a notified in writing of the change.			
Signatur	Gerald Arsenault, vice president Printed or typed name and title				
I further agree to performance of t	mv duties, and I am familiar with an	and agree to act in this capacity, statutes relative to the proper and complete and accept the obligation of my position as regreflect a change in the registered office addressed in writing of this change.	istered ess, I		
Los Sign	Consult autre of Registered Agent	April 24, 2014			
If signing on bel	nalf of an entity:	<i>340</i>			
Ту	ped or Printed Name				

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