

N080000098151

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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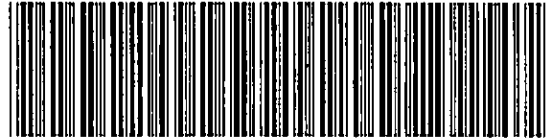
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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FEB 14 2022  
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** timuquana Park Homeowners' Association, Inc  
Name of Corporation

**DOCUMENT NUMBER:** N08000008151

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:

Delaine Gabriel

Name of Contact Person

Firm/Company

25816 Timuquana Drive

Address

Sorrento, FL 32776

City/State and Zip Code

kordgabriel@Gmail.com

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

For further information concerning this matter, please call:

Delaine Gabriel

at (407) 340-4712  
Name of Contact Person 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

**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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Timuquana Park Homeowners' Association, Inc
2. The principal office address: 25816 Timuquana Drive, Sorrento, FL 32776
3. The mailing address (if different): PO Box 1142 Sorrento, FL 32776
4. Date of incorporation/qualification: August 29, 2008 Document number: NO8000008151
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)

ARSENAULT, LOIS  
25652 Timuquana Drive  
SORRENTO, FL 32776

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

Delaine Gabriel

25816 Timuquana Drive

P.O. Box NOT acceptable

Sorrento, FL 32776

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

Kevin Gabriel : Vice 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

January 21, 2022

Date

If signing on behalf of an entity:

Delaine Gabriel  
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  
CR2E045 (04/13)

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2022 FEB - 1 PM 3:23  
SECRETARY OF STATE  
TALLAHASSEE, FL