

N10000004706

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(Requestor's Name)

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(City/State/Zip/Phone #)

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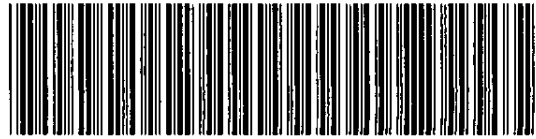
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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WHITE

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Magnolia Place Community Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N 1000000 4706

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:

CAROL Timms  
Name of Contact Person

MPCA Inc.  
Firm/Company

5225 Magnolia Place  
Address

Sebring FL 33872  
City/State and Zip Code

cfb1timms@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carol Timms at (863) 471-3141  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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: Magnolia Place Community Association, Inc.
2. The principal office address: 6827 Sun'n Lake Blvd.  
Sebring FL 33872
3. The mailing address (if different): 6827 Sun'n Lake Blvd.  
Sebring FL 33872
4. Date of incorporation/qualification: 5/12/2010 Document number: N10000004706
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)  
Cliff Perkal  
5017 Magnolia Pl  
Sebring FL 33872

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

CAROL Timms  
5225 Magnolia Pl  
Sebring FL 33872

P.O. Box NOT acceptable

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.

Carol Timms  
Signature of an officer or director

CAROL Timms  
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.

Carol Timms  
Signature of Registered Agent

3/1/2013  
Date

If signing on behalf of an entity:

Carol Timms  
Typed or Printed Name

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