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6/24/2019



Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:				
	MOUI CSS.	. — .	_	_	

REGISTERED AGENT CHANGE CREEKWOOD TOWNHOME ASSOCIATION, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation orga	02, 607,1508, or 617,1508, Florida Statutes, the nized under the laws of the State oftered agent, or both, in the State of Florida.					
1. The name of t	the corporation: CREEKWOOD TOWNH	OME ASSOCIATION, INC.					
1. The name of the corporation: CREEKWOOD TOWNHOME ASSOCIATION, INC. 2. The principal office address: 5540 State Road 64 East State 220 Bradenton, Ft. 34268							
3. The mailing a	iddress (if different):						
4. Date of incon	poration/qualification: 11/28/2005	Document number: N14000007383					
	d street address of the current registered a atment of State: (If resigned, enter resign	agent and registered office on file with the red)					
	ICON Management Services						
	5540 State Road 64 East Suite 220 Brader	nton, FL 34208	Д.				
		, S	يي				
6. The name and (if changed):	I street address of the new registered age	ent (if changed) and /or registered office	124				
	C.T. Corporation System						
	e.o CT Corporation System, 1200 South I	•	¥- "				
P.O. Box. NOT acceptable							
	Plantation, Florida 33324						
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its registere	d agent,				
Such change wa authorized by th	as authorized by resolution duly adopted the board, or the corporation has been re	d by its board of directors or by an officer so officed in writing of the change.					
Gino Cam	onetta	Gino Canzonetta					
I harahu awant	gr If of another the connectational are received recent are	Printed or typed name and title					
		nd agree to act in this capacity. tutes relative to the proper and complete accept the obligation of my position as registe lect a change in the registered office address, in writing of this change.	ered , I				
By:	poration System Mike Jores, Assistant Secretary	06/10/2019					
Sigi	nuture of Registered Agent	Date	_				
If signing on be	half of an entity:						
REEKWOOD T	FOWNHOME ASSOCIATION, INC.						
т	yped or Printed Name						

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEF, FL 32314 CR2E045 (03/12)