

N94 000001268

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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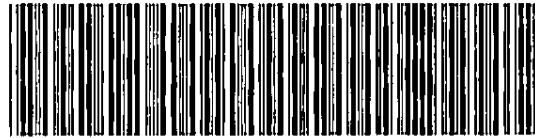
\_\_\_\_\_  
(Business Entity Name)

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

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2021 AUG 26 AM 11:52  
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TALLAHASSEE, FL

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7:31 AUG 26 AM 11:12

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 18, 2021

PHOENIX MANAGEMENT SERVICES INC  
631B LAKE WORTH RD  
GREENACRES, FL 33463

SUBJECT: TROWBRIDGE C CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: N94000001268

We have received your document for TROWBRIDGE C CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

On line 5 please list the current registered agent reflected on sunbiz.org.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Brumbley  
Regulatory Specialist II

Letter Number: 121A00019757

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** TROWBRIDGE "C" CONDOMINIUM ASSOCIATION, INC  
Name of Corporation

**DOCUMENT NUMBER:** N94000001268

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:

Name of Contact Person

PHOENIX MANAGEMENT SERVICES, INC.

Firm/Company

6131B LAKE WORTH RD

Address

GREENACRES, FL 33463

City/State and Zip Code

DEBBIELW@PHOENIXFLA.COM

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

For further information concerning this matter, please call:

\_\_\_\_\_ at ( 561 ) 964-1550  
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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: TROWBRIDGE "C" CONDOMINIUM ASSOCIATION, INC
2. The principal office address: C/O PHOENIX MANAGEMENT SERVICES, INC  
6131B LAKE WORTH RD, GREENACRES, FL 33463
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 03/14/1994 Document number: N94000001268
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)  
Keith Backer, FESQ  
400 S. Dixie Hwy #240  
Boca Raton, FL 33432
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C/O PHOENIX MANAGEMENT SERVICES, INC

6131B LAKE WORTH RD

P.O. Box NOT acceptable

GREENACRES, FL 33463

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]  
Signature of an officer or director

PHYLLIS Pullman Pres  
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]  
Signature of Registered Agent

7/23/21

Date

If signing on behalf of an entity:

\_\_\_\_\_  
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)