

Association Change of Address Form

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL
REGULATION

DIVISION OF FLORIDA CONDOMINIUMS,
TIMESHARES, AND MOBILE HOMES

CONDOMINIUM AND COOPERATIVE

SELECT TRANSACTION TYPE	
<input type="checkbox"/> Transaction Type: Change Mailing Address	<input type="checkbox"/> Change Contact Information

ASSOCIATION INFORMATION		
Association Name		
Association Number		
Project Number		
NEW MAILING ADDRESS FOR ASSOCIATION		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
NEW CONTACT INFORMATION		
Name (if different than association name)		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
Phone Number	Fax Number	
E-Mail Address		
NEW ADDITIONAL CONTACT INFORMATION (OPTIONAL)		
Contact Name		
Alternate Phone Number	Fax Number	
Alternate E-Mail Address		

Submitted by: **Print Name** _____

Title _____ **Date** _____

Mail to: **Division of Florida Condominiums, Timeshares, and Mobile Homes**
2601 Blair Stone Road
Tallahassee, Florida 32399-1030

Fax to: **850-921-5448**