

Managing Entity Change of Address Form

STATE OF FLORIDA
DEPARTMENT OF BUSINESS AND PROFESSIONAL
REGULATION

DIVISION OF FLORIDA CONDOMINIUMS,
TIMESHARES, AND MOBILE HOMES

TIMESHARE PLANS

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

MANAGING ENTITY INFORMATION		
Managing Entity Name		
Managing Entity Number		
Project Number		
NEW MAILING ADDRESS FOR MANAGING ENTITY		
Street Address or P.O. Box		
City	State	Zip Code (+4 optional)
NEW CONTACT INFORMATION		
Name (if different than Managing Entity 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**
The Northwood Centre
1940 North Monroe Street
Tallahassee, Florida 32399-1033

E-mail to: FLS.CustomerServiceUnit@dbpr.state.fl.us

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