

# Association Change of Address Form



STATE OF FLORIDA  
DEPARTMENT OF BUSINESS AND PROFESSIONAL  
REGULATION

DIVISION OF FLORIDA LAND SALES,  
CONDOMINIUMS AND MOBILE HOMES

CONDOMINIUM AND COOPERATIVE

SELECT TRANSACTION TYPE	
<b>Transaction Type:</b>	
<input type="checkbox"/> 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 Land Sales, Condominiums and Mobile Homes  
The Northwood Centre  
1940 North Monroe Street  
Tallahassee, Florida 32399-1033

**E-mail to:** [FLS.CustomerServiceUnit@dbpr.state.fl.us](mailto:FLS.CustomerServiceUnit@dbpr.state.fl.us)

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