

723363

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

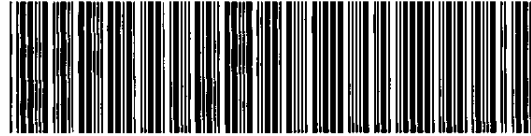
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

RACM

9/2004

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** STERLING PARK HOUSING ASSOCIATION, INC  
Name of Corporation

**DOCUMENT NUMBER:** 723363

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:

MELINDA MAGUIRE  
Name of Contact Person

MELINDA MAGUIRE & ASSOCIATES, LLC  
Firm/Company

160 W. EVERGREEN AVE #271  
Address

LONGWOOD, FL 32750  
City/State and Zip Code

PAWNDER@MSN.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MINDY MAGUIRE at ( 407 ) 767-0609  
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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

CR2B045 (8/05)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 1, 2010

MELINDA MAGUIRE  
160 W. EVERGREEN AVE #271  
LONGWOOD, FL 32750

SUBJECT: STERLING PARK HOUSING ASSOCIATION, INC  
Ref. Number: 723363

We have received your document for STERLING PARK HOUSING ASSOCIATION, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

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) 245-6916.

Carol Mustain  
Regulatory Specialist II

Letter Number: 310A00020921

**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: STERLING PARK HOUSING ASSOCIATION, INC

2. The principal office address: 160 W. EVERGREEN AVE #271 LONGWOOD, FL 32750

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 5/3/72 Document number: 723363

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)

MELINDA MAGUIRE & ASSOCIATES, LLC

160 W. EVERGREEN AVE # 271

LONGWOOD, FL 32750

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Tara L. Barrett, Esquire

111 N. Orange Ave. Suite 2000

P.O. Box NOT acceptable

Orlando, FL 32801

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.

Melinda A Maguire  
Signature of an officer or director

MELINDA A MAGUIRE, LCAM

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.*

Tara L Barrett  
Signature of Registered Agent

9/18/10  
Date

If signing on behalf of an entity:

Tara L Barrett  
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 (8/05)

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160 W. EVERGREEN AVE # 271

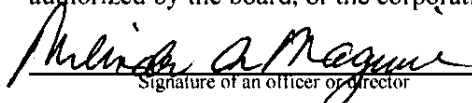
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P.O. Box NOT acceptable  
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\_\_\_\_\_  
Signature of an officer or director

MELINDA A MAGUIRE, LCAM

\_\_\_\_\_  
Printed or typed name and title

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\_\_\_\_\_  
Signature of Registered Agent

\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

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