723343

Office Use Only



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11/07/13--01002--018 **35.00

SECRETARY OF SPAINS

RAROICH8 (1011.12.13

COVER LETTER

TO:	Amendment Section Division of Corporations						
SUBJE	CT: Sterling Park Housing Association Inc Name of Corporation						
DOCU	MENT NUMBER: 723363						
	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.						
Please	return all correspondence concerning this matter to the following:						
Kimberly Fowler Name of Contact Person							
Central Florida Community Management Firm/Company							
1 IIII Company							
	266 Wilshire Blvd. Suite 110 Address						
Addiess							
Casselberry, FL 32707							
City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Kim	berly Fowler at (407) 830-7799 Name of Contact Person Area Code & Daytime Telephone Number						
	Name of Contact Person Area Code & Daytime Telephone Number						
Enclosed is a \$35.00 check made payable to the Department of State.							
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building						
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change	e is submitted for	ns 607.0502, 617.050. r a corporation organ stered office or registe	ized under the lav	vs of the State of	lorida_
1. The name of the	corporation:	Sterling Pa	rk Housing	Association	Inc.
2. The principal off					
3. The mailing add	ress (if different)):			
4. Date of incorpora	ation/qualification	on: <u>5/3/72</u>			· · · · · · · · · · · · · · · · · · ·
		ne current registered a resigned, enter resigne		d office on file with	the
	Tara	a L Barrett			
	111	N Orange Ave	Suite 20	00	
	Orla	ando, FL 32	801		· · · · · · ·
6. The name and str (if changed):	reet address of th	ne new registered ager	nt (if changed) and	1/or registered offic	FILED STATE OF STATE
	Kiml	berly Fowler			TO THE DESCRIPTION OF THE PERSON OF THE PERS
		Wilshire Blv P.O. Box NOT selberry, FL	acceptable	10	STATE ON CORALIONS
The street address as changed will be		office and the street		siness office of its r	egistered agent,
Such change was a authorized by the h	uthorized by respond or the cor	solution duly adopted poration has been not	by its board of d tified in writing o	irectors or by an off f the change.	ficer so
Polit Signature of	ran officer or director	<u>~</u>	RoberT D	d or typed hame and title	-President
I further agree to c performance of my agent. Or, if this a	comply with the duties, and I ar locument is bein	s registered agent and provisions of all statu n familiar with and a ng filed merely to reflo n has been notified in	utes relative to the ccept the obligati ect a change in th	e proper and compl ion of my position a se registered office o	s registered
Kim be Signatu	re of Registered Agen	owler		/	
If signing on behal	f of an entity:				
Kinberly	or Printed Name	12/-			

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