

748 870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

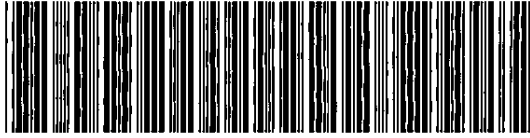
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 16, 2008

PAMELA WOLTERS
P AND R HOUSING MANAGEMENT
5516 COMMERCE DR., SUITE B100
ORLANDO, FL 32839

SUBJECT: MASTERS CONDOMINIUMS, INC.
Ref. Number: 748870

We have received your document for MASTERS CONDOMINIUMS, INC. and check(s) totaling \$87.50. However, your check(s) and document are being returned for the following:

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

ONLY 1 OF THE SIGNATURES AT THE BOTTOM OF THE FORM SHOULD BE COMPLETED. IN THIS CASE, A FIRM IS LISTED AS REGISTERED AGENT SO THE BOTTOM LINE SHOULD BE COMPLETED WITH AN OFFICER SIGNING ON BEHALF OF THE AGENT.

We are returning your check for \$87.50 to be replaced by one in the correct amount of \$35.00.

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) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 708A00041401

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MASTERS CONDOMINIUM, INC.
(Name of Corporation)

DOCUMENT NUMBER: 748870

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:

PAMELA WOLTERS
(Name of Contact Person)

Pand R HOUSING MANAGEMENT
(Firm/Company)

5516 COMMERCE DR., STE B100
(Address)

ORLANDO, FL 32839
(City/State and Zip Code)

For further information concerning this matter, please call:

PAMELA WOLTERS at (407) 841-6248
(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

