

748 870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

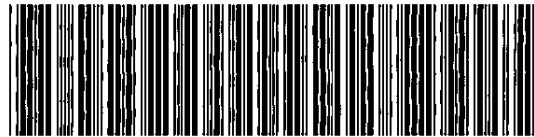
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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

**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: MASTERS CONDOMINIUM, INC.
2. The principal office address: 5516 COMMERCE DRIVE, SUITE B100  
ORLANDO, FL 32839
3. The mailing address (if different): PO BOX 568846  
ORLANDO, FL 32856-8846
4. Date of incorporation/qualification: 09/11/1979 Document number: 748870
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  
MARYLYN CAMPBELL  
CENTRAL PROPERTY MANAGEMENT  
860 N. SR-434, SUITE 1009  
ALTAMONTE SPRINGS, FL 32714
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Pand R HOUSING MANAGEMENT  
5516 COMMERCE DR., STE B100  
(P.O. Box NOT acceptable)  
ORLANDO, FL 32839

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.

(Signature of an officer or director)

(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.

(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

(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)

08 JUL 28 PM 2:24  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 JUL 11 AM 8:00