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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770656

1. Corporation Name
FLETCHER'S MILL TOWNHOUSE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O WISE PROPERTY MGMT 7628 N 56TH ST #8 TAMPA FL 33617 US	13014 N. DALE MABRY, STE. 336 TAMPA FL 33618 US

2. Principal Place of Business	2a. Mailing Address
21 c/o Rampart Properties, Inc.	26 10033 9th St. N. 2nd Floor
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 St. Petersburg, FL	City & State 28 St. Petersburg, FL
Zip / Country 24 33716-3805 25 U.S.	Zip / Country 29 33716-3805 30 U.S.

3. Date Incorporated or Qualified: 10/10/1983

4. FEI Number: 59-2392808 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SPIVEY, WILLIAM C. 7628 N 56TH ST #2 TAMPA FL 33617	81 Name: Billy K. Osburn 82 Street Address (P.O. Box Number is Not Acceptable): 10033 9th Street North - 2nd Floor 83: Rampart Properties, Inc. 84 City: St. Petersburg, FL 85 Zip Code: 33716-3805

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Billy K. Osburn BILLY K. OSBURN, MANAGEMENT AGENT 2/26/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DELK, LEROY 13820 STONE MILL WAY TAMPA FL 33613	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD White, Brian 10033 9th Street N. -2nd Floor St.Petersburg, FL 33716-3805	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MOLNAR, SCOTT 13818 STONE MILL WAY TAMPA FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	TD Dodd, Robert 10033 9th Street N. - 2nd Floor St. Petersburg, FL 33716-3805	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CERNE, ELLIS F 13838 STONE MILL WAY TAMPA FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD Cowell, Kathy 10033 9th Street No. - 2nd Floor St. Petersburg, FL 33716-3805	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X [illegible] REQUIRED ROBERT DODD 2/26/99 727 572-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #