2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 14, 2008 8:00 am Secretary of State

| DOCUMENT # 770656 1. Entity Name FLETCHER'S MILL TOWNHOUSE ASSOCIATION, INC. | | | | | | | | 05-14-200 | 8 90011 00 |)5 **** | 61.25 |
|--|--|---|--------------|--|--|--|--------------------------------|------------------|-----------------------------|------------------------|---------------------------|
| FLETCHER'S MILL 70 | | | | ddress EMPLE TERRACE TERRACE, FL 3 | | | | | | | 11 11 al 101 1 |
| Principal Place of Business - No P.O. Box # 3. | | | | Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, | Suite, Apt. #, etc. | | | 01072008 | Chg-NP | CR2E037 | (12/06) | |
| City & State | | | City & | City & State | | | 4. FEI Number 59-2392808 | | | | plied For t Applicable |
| Zip | .ŧ | Country | Zip | | Country | | 5. Certificate o | Status Desired | | 3.75 Add e Required | |
| - | 6. Name | and Address of Curren | Registered A | \gent | Name | - | 7. Name and A | Address of New R | Registered Ago | ent | |
| LEIB, PATRICIA S ESQ' 420 WEST PLATT ST. | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| TAMPA, FL 33606-2244 | | | | | | | | | | | |
| | | | | | | | FL Zip Code | | | | |
| The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIgnature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 9. Election Camp Trust Fund Co. | | | | | | | \$5.00 May Be Added to Fees | | lake check p ida Departm | - | |
| 10. TITLE | PD | OFFICERS AND D | RECTORS | | 11. | , , , , , , , , , , , , , , , , , , , | ADDITIONS/CHA | NGES TO OFFICE | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | MULE, MA 1814 MILI TAMPA, F | L RUN A | | Delete | TITLE NAME STREET AODRESS CITY-ST-ZIP | : | | | L |] Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD LARKIN, 13958 FLI TAMPA, F | ETCHER'S MILL DR | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | Ē | Change | Addition |
| NAMESTREET ADDRESS CITY-ST-ZIP | | EREDERICETCHERS MILL DR | | ☐ Delete | TITLENAME STREET ADDRESS CITY-ST-ZIP | | | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COOPER 13850 ST TAMPA, F | ONE MILL WAY | | □ Delete | TITLE NAME : STREET ADDRESS CITY-ST-ZIP | | | | ε |] Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | WRIGH 1390 TAMP | nt, Francis 13 Fletchars 4, 17. 33613 | Mi II DH | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | į | | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | С | Change | Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | | | | | | | |
| SIGNATURE: Sipria H. Lathin Sylvia Hlaskin 02-28-2008 813-745-8532 | | | | | | | | | | | |