770656

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TRANSMITTAL LETTER

Amendment Section Division of Corporations

www. www. Distable and Mill Traymit areas According to The				
SUBJECT: Fletcher's Mill Townhouse Association, Inc. (Name of corporation)				
DOCUMENT NUMBER: 770656	27 <u> </u>			
The enclosed Statement of Change of Registered Office/A	Agent and fee are submitted for filing.			
Please return all correspondence concerning this matter to	the following:			
Sandi Stansel				
(Name o	of person)			
University Properties, Inc.	=			
(Name of fi	rm/company)			
7001 Temple Terrace Hwy. (Address)				
Temple Terrace, Fl. 33637				
(City/state and zip code)				
For further information concerning this matter, please cal	!:			
Patricia Leib	at (813) 251-1844 (Area code & daytime telephone number)			
(Name of person)	(Area code & daytime telephone number)			
Enclosed is a \$35.00 check made payable to the Departme	ent of State.			
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399			

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	-
_	itted for a corporation organized under the laws of the State of Florida gistered office or registered agent, or both, in the State of Florida.	in order
•		
1. The name of	the corporation: Fletcher's Mill Townhouse Association, Inc.	
2. The principal	office address: 13800 Fletcher's Mill Drive	
	Tampa, Fl. 33613	
3. The mailing	address (if different): 7001 Temple Terrace Hwy.	
	Temple Terrace, Fl. 33637	
4. Date of incor	poration/qualification: 10/10/1983Document number: 770656	
	d street address of the current registered agent and registered office on file with the rtment of State;	
	Billy K. Osborn	
	10033 9th St. North 2nd. Floor)3 NO SECRI
	Tampa, Fl. 33617-3805	THE STATE OF THE S
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	다 유 9: 무 9:
	Patricia S. Leib, Esquis, Portron S. Leibl. A.	5
	420 W. Platt Street	
	(P.O. Box or personal mailbox NOT acceptable)	
	Tampa, Fl. 33606-2244	
The street addr	ess of its registered office and the street address of the business office of its registered eidentical.	agent, as
Such change withe board, or the	as authorized by resolution duly adopted by its board of directors or by an officer so a e corporation has been notified in writing of the change.	uthorized by
	Signature of an officer or director) CS Printed or typed name and title)	
I hereby accept I further agree duties, and I an heins filed mer	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete perform familiar with and accept the obligation of my position as registered agent. Or, if this elylly reflect a change in the registered office address, I hereby confirm that the corporation of this change. (Signature of Registered Agent)	rmance of my s document is vration has
If signing on bo	thalf of an entity: Howas Lab Ratnag S. Leibl. A. Attours (Typed or Printed Name) (Capacity)	
- 1	* * * FILING FEE: \$35.00 * * *	