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(Business Entity Name)

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10/9/09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Townhomes of Flora Ridge Owners Association  
Name of Corporation

**DOCUMENT NUMBER:** N04000001049

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:

Benjamin Isip  
Name of Contact Person

Towers Property Management, Inc.  
Firm/Company

PO Box 781327  
Address

Orlando, FL 32878  
City/State and Zip Code

ben@towerspropertymgmt.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin Isip at ( 407 ) 924-2528  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 30, 2009

BENJAMIN ISIP  
TOWERS PROPERTY MANAGEMENT, INC.  
P.O. BOX 781327  
ORLANDO, FL 32878

SUBJECT: THE TOWNHOMES OF FLORA RIDGE OWNERS ASSOCIATION,  
INC.

Ref. Number: N04000001049

We have received your document for THE TOWNHOMES OF FLORA RIDGE OWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 809A00031821

RECEIVED  
AM 8-8  
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TALLAHASSEE, FLORIDA

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Townhomes of Flora Ridge Owners Association, INC.
2. The principal office address: 501 Sherburn Court  
Orlando, FL 32828
3. The mailing address (if different): PO Box 781327  
Orlando, FL 32878
4. Date of incorporation/qualification: 01/29/2004 Document number: N04000001049
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

ASHER, STEVEN D

1801 COOK AVENUE

ORLANDO FL 32806

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Towers Property Management, Inc.

4801 Cypress Woods Drive

P.O. Box NOT acceptable

Orlando, FL 32811


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

Gary Schneider, President  
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

9/22/09  
Date

If signing on behalf of an entity:

Benjamin Isip  
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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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