## N0400000 1002

(Requestor's Name)
(Address)
(Address)
- (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Pertified Copies Certificates of Status
Special Instructions to Filing Officer:

Matuna Taylor Advised to remove (LLC) From New RA Name 1/19/05

Office Use Only

RA/RO/Change



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## **COVER LETTER**

Division of Corporations
SUBJECT: Meadowcrest Apartment Property Association, Inc. (Name of corporation)
(Name of corporation)
DOCUMENT NUMBER: N04000001062
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:
Marina C. Taylor  (Name of contact person)  Meadowcrest Apartment Property Association, Inc.  (Firm/Company)
(Name of contact person)
To the second se
Meadowcrest Apartment Property Association, Inc.
(Firm/Company)
PO Box 10,000 (Address)
(1.22.000)
Crystal River, Florida 34423-9701
(City/state and zip code)
For further information concerning this matter, please call:
W 1 0 T 1
Marina C. Taylor at (352) 746-4000 (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  Street Address:  Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 409 E. Gaines Street Tallahassee, FL 32314 Tallahassee, FL 32399

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

	the corporation: Meadowcrest Apartment Property Association, Inc.
<ol> <li>The name of</li> <li>The principal</li> </ol>	office address: PO Box 10,000, Crystal River, FL 34423-9701
·	
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 1-23-04 Document number: N04000001062
	d street address of the current registered agent and registered office on file with the rtment of State:
	Michael A. Moctezuma Milo
	1022 Main Street, Suite C
	Dunedin, Florida 34698
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Clark A. Stillwell
	Bank of Inverness Building, 320 Highway 41 South
	(P.O. Box NOT acceptable)  Inverness, Florida 34450
	ess of its registered office and the street address of the business office of its registered agent, l be identical.
Such change w authorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Mariti	a C / Marina C. Taylor
	t the appointment as registered agent and agree to act in this canacity
I further agree of my duties, a document is be corporation ha	t 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 performance nd I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified my writing of this change.
Challes	gnature of Registered Agent)    1   0 4   04   (Date)
If signing on b	ehalf of an entity:

\* \* \* FILING FEE: \$35.00 \* \* \*