## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05000010281

FILED Jan 18, 2008 Secretary of State

Entity Name: FLETCHER PARK OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Place of Business:
SUITE 3	40TH TERR RY, FL 32669	5208 SW 91ST DRIVE SUITE D GAINESVILLE, FL 32608
Current M	lailing Address:	New Mailing Address:
SUITE 3	40TH TERR RY, FL 32669	5208 SW 91ST DRIVE SUITE D GAINESVILLE, FL 32608
FEI Number:	: 20-4949706 FEI Number Applied For ( )	FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	I Address of Current Registered Agent:	: Name and Address of New Registered Agent:
FLETCHER, GEORGE E 1223 NW 114TH DR. GAINESVILLE, FL 32606 US		MANAGEMENT SPECIALISTS 5208 SW 91ST DRIVE SUITE D GAINESVILLE, FL 32608 US
	e named entity submits this statement for the of Florida.	he purpose of changing its registered office or registered agent, or both,
SIGNATU	RE: PAT TRIPPE	01/18/2008
	Electronic Signature of Registered	Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Title: Name:	PD ( ) Delete	Title: ( ) Change ( ) Addition
Address:	FLETCHER, GEORGE E 1223 NW 114TH DR. GAINESVILLE, FL 32606	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Address: City-St-Zip: Title: Name: Address: City-St-Zip:	1223 NW 114TH DR.	Name: Address:
Address: City-St-Zip: Title: Name: Address:	1223 NW 114TH DR. GAINESVILLE, FL 32606  PTD () Delete FLETCHER, GLORIA W 1223 NW 114TH DR.	Name: Address: City-St-Zip:  Title: TSD (X) Change ( ) Addition Name: FLETCHER, GLORIA W Address: 1223 NW 114TH DR.

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE FLETCHER PD 01/18/2008