## N08642

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Au	uicssy				
(Cit	ty/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Bu	siness Entity Name)				
(Do	cument Number)				
Certified Copies	Certificates of Status				
Special Instructions to	Filing Officer:				
	·				





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08/24/09--01026--021 \*\*35.00

FILED

2009 AUG 24 AM 10: 21

SECRETARY OF STATE OF ALLAHASSEF FI OR ITALE

R.A.

## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT:	Ferrace Oaks of Hillsbor Name of	ough County HOA, Inc. Corporation			
DOCUMENT NU	OCUMENT NUMBER:N08642				
The enclosed States	ment of Change of Registered Off	ice/Agent and fee are submitted for filing.			
Please return all co	rrespondence concerning this mat	ter to the following:			
	Hele	n Kelley			
•	Name of C	Contact Person			
Creative Management					
	Firm/	Company			
6014 US HWY 19 North, Suite 504					
	A	idress			
New Port Richey, FL 34652 City/State and Zip Code					
hkelley@creative-mgmt.com  E-mail address: (to be used for future annual report notification)					
For further informa	tion concerning this matter, pleas	e call:			
	Helen Kelley	at ( 727 ) 478-4909 x101  Area Code & Daytime Telephone Number			
Nan	ne of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35.0	0 check made payable to the Dep	artment 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

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

			07.1508, or 617.1508, Florida	
			under the laws of the State of agent, or both, in the State of I	
in orde	r to change us registered	ojjice or registerea	agent, or both, in the state of h	Association, In
			<u> Isborough County H</u>	
2. The principal	office address: 6014 US	S HWY 19 N Su	ite 504, New Port Riche	y, FL 34652
3. The mailing a	ddress (if different):		-	ASPATY-T T- P-SWI
4. Date of incorp	poration/qualification:	4/11/1985	Document number:	N08642
5. The name and	_	ent registered agent	and registered office on file w	rith the
	West Coast Manag	ement & Realty	, Inc.	- T Z
	Attn: Betty B Ridge,	, Manager		ZOOS AUG
	14813 Turner Rd, T	ampa FL 33624	4 US	_ ເຂ⊵ ເ∨ ——
6. The name and (if changed):	I street address of the new	registered agent (if	changed) and /or registered of	tice."
	Helen Kelley			D IO: 21 STATE LORID,
	c/o Creative Manag			
	0044410410404404	P.O. Box NOT acc	•	
	6014 US HWY 19 N	N Suite 504, Nev	w Port Richey, FL 34652	
The street address changed will	ess of its registered office be identical.	e and the street add	ress of the business office of	its registered agent,
Such change was authorized by the	as authorized by resolutione board, or the corporati	on duly adopted by ion has been notific	its board of directors or by a ed in writing of the change.	n officer so
Az	MLL.		Adel Musa, Pres	
•		stered agent and ag sions of all statutes l accept the obligat t a change in the re of this change.	gree to act in this capacity. relative to the proper and co ion of my position as register gistered office address, I here	
$\mathcal{L}\mathcal{L}$	1		08/14/09	
Sig	nature of Registered Agent		Date	
If signing on be	half of an entity:			
T	Helen Kelley yped or Printed Name			

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

X