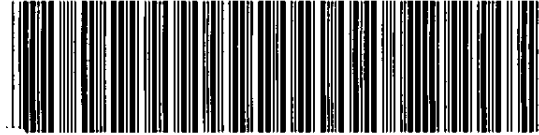


# N41145

(Requestor's Name)



300122702593

Arden Glen Hall  
P.O. Box 19598  
Winter Springs, FL 32719-5908

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

04/10/08--01018--015 \*\*35.00

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
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RA/RO/chg  
@ 5/28/08

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: ARBOR GLEN AT TUSCAWILLA HOMEOWNERS, INC.

(Name of Corporation)

N41145

DOCUMENT NUMBER:

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:

Margarita Martinez

(Name of Contact Person)

ARBOR GLEN AT TUSCAWILLA HOMEOWNERS, INC.

(Firm/Company)

1127 ARBOR GLEN CIRCLE

(Address)

WINTER SPRINGS, FL 32708

(City/State and Zip Code)

For further information concerning this matter, please call:

Margarita Martinez

(Name of Contact Person)

at ( 407 ) 699-5492

(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

April 15, 2008

ARBOR GLEN AT TUSCAWILLA HOMEOWNERS'  
P.O. BOX 195908  
WINTER SPRINGS, FL 32719-5908

SUBJECT: ARBOR GLEN AT TUSCAWILLA HOMEOWNERS' ASSOCIATION,  
INC.  
Ref. Number: N41145

We have received your document for ARBOR GLEN AT TUSCAWILLA HOMEOWNERS' 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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: 208A00022365

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

1. The name of the corporation: ARBOR GLEN AT TUSCAWILLA HOMEOWNERS ASSOC. IN.
2. The principal office address: 1127 ARBOR GLEN CIRCLE  
WINTER SPRINGS, FL 32708
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: \_\_\_\_\_ Document number: N41145

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

FOWLER, KIMBERLY  
266 WILSHIRE BLVD, STE 110  
CASSELBERRY, FL 32707

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

MARGARITA MARTINEZ  
1127 ARBOR GLEN CIRCLE  
(P.O. Box NOT acceptable)  
WINTER SPRINGS, FL 32708

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DIVISION OF CORPORATIONS  
08 MAY 27 AM 10:36

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.

Margarita Martinez  
(Signature of an officer or director)

MARGARITA MARTINEZ  
(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.*

Margarita Martinez  
(Signature of Registered Agent)

4-24-08  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(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)