

768451

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(Business Entity Name)

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Hidden Harbor Community Association, Inc.  
(Name of corporation)

**DOCUMENT NUMBER:** 768451

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:

Dollie Boyd  
(Name of contact person)

Florida Association Management, Inc.  
(Firm/Company)

P.O. Box 421430  
(Address)

Kissimmee, FL 34742-1430  
(City/state and zip code)

For further information concerning this matter, please call:

Dollie Boyd at (407) 908-8985  
(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  
409 E. Gaines Street  
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 7, 2005

DOLLIE BOYD  
FLORIDA ASSOCIATION MANAGEMENT, INC.  
P.O. BOX 421430  
KISSIMMEE, FL 34742-1430

SUBJECT: HIDDEN HARBOR COMMUNITY ASSOCIATION, INC.  
Ref. Number: 768451

We have received your document for HIDDEN HARBOR COMMUNITY ASSOCIATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A post office box is not an acceptable address for the registered agent.

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) 245-6878.

Alan Crum  
Document Specialist

Letter Number: 705A00045129

**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: Hidden Harbor Community Association, Inc.
2. The principal office address: 3383 W. Vine Street, Suite 307  
Kissimmee, FL 34741
3. The mailing address (if different): P.O. Box 421430  
Kissimmee, FL 34742-1430
4. Date of incorporation/qualification: 5/16/1983 Document number: 768451
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

D&F Management, LLC  
3383 W. Vine Street, Suite 307  
Kissimmee, FL 34741

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

Florida Association Management, Inc.  
3361 W. Vine St. Suite 208  
Kissimmee, FL 34741  
(P.O. Box NOT acceptable)

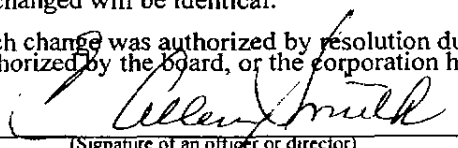
CLERK OF STATE  
TALLAHASSEE, FLORIDA

05 JUL 18 AM 8:16

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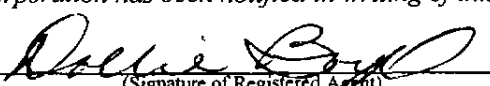
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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)

C. ALLEN SMITH, 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)

6/22/05  
(Date)

If signing on behalf of an entity:

Dollie Boyd  
(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