

NO200000 2777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

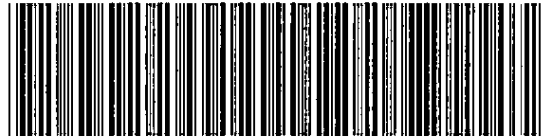
(Business Entity Name)

(Document Number)

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RA Change

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hillcrest Owners Association of Gainesville, Inc
Name of Corporation

DOCUMENT NUMBER: 20-1269501

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:

Naz Erenguc
Name of Contact Person
Hillcrest Owners Association of Gainesville, Inc
Firm/Company
1253 NW 50th Terr
Address
Gainesville, FL 32605
City/State and Zip Code

hillcresthoa2014@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Naz Erenguc at (352) 870-3134
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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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: HILLCREST OWNERS ASSOCIATION OF GAINESVILLE, INC.

2. The principal office address: 1253 NW 50th Terr Gainesville, FL 32605

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/16/2002 Document number: N02000002777

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Beth Battaglia (resigned)

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

Naz Erenguc
1244 NW 50TH DR
Gainesville, FL 32605
P.O. Box NOT acceptable

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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

Lenny Sprague

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

1/3/2020

Date

If signing on behalf of an entity:

NAZ ERENGUC
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