N03000010266

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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07/29/25--01029--010 **35.00



COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: ELLIS PARK COMMUNITY ASSOCIATION, INC.
Name of Corporation
DOCUMENT NUMBER:N03000010266
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:
Garry Griffin
Name of Contact Person
Bosshardt Property Management
Firm/Company
5522 NW 43rd St
Address
Gainesville, FL 32653
City/State and Zip Code
customerservice@bosshardtcam.com
E-mail address: (to be used for future annual report notification)
For Conthan in Commention, concerning this master, along a mile.
For further information concerning this matter, please call:
Sarry Griffin at (352) 240-2713 Name of Contact Person Area Code & Daytime Telephone Number
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

1. The name of	the corporation:	ELLIS PARK CO	OMMUNITY ASSOCIATI	ION. INC.	
2. The principal office address: 3. The mailing address (if different):					
			inesville, FL 32653		
		SAN	SAME AS ABOVE		
	Date of incorporation/qualification: 06/01/2025 Document number: N03000010266		N03000010266		
5. The name and		urrent registered ager	nt and registered office or	n file with the	
	c/o Guardian Associati	on Managment			
	10000 SW 52nd Ave -	Links Clubhouse			
	GAINESVILLE, FL 32	2608			
6. The name and (if changed):	d street address of the n Bosshardt Property Ma		if changed) and /or regist	GD .	
	5522 NW 43rd Street			2025 JUL 29	
		P.O. Box N	OT acceptable		
	Gainesville, FL 33487			AH III	
The street address changed will	ess of its registered off be identical.	fice and the street ad	dress of the business offi	ice of its registered agent.	
Such change w	as authorized by resolute he hoard, or the corpor	ution duly adopted b	y its board of directors o led in writing of the char	r by an officer so	
Harr	- Milhin 1	ダ	Garry Gr		
Signati	of an office or director		Printed or typed na	ime and title	
I further agree of my duties, ar document is bei	the appointment as re to comply with the pro id I am familiar with a ing filed merely to refl s been notified in writi	risions of all statute and accept the obliga- ect a change in the r	gree to act in this capac s relative to the proper o tion of my position as re egistered office address,	ity. and complete performance gistered agent. Or, if thi: I hereby confirm that the	
dam	y bylon	4	06/25/2	2025	
Sig	gnature of Registered Agent		Date		
If signing on be	chalf of an entity:				
	yped or Printed Name				

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

DATE:	06.30.2025		
ASSOCIATION:	Ellis Park Community		
INVOICE#	62025		
GL CODE:	07440		
СН	IECK REQUISTION		
CHECK AMOUNT	\$35.00		
	Amendment Section Division		
PAY TO VENDOR	of Corp		
ADDRESS	PO Box 6327		
CITY / STATE / ZIP	Tallahassee, FL 32314		
FOR (BUSINESS PURPOSES			
	GIVE TO NORA		
CHECK DISTRIBUTION:	US MAIL PICK UP		
	DROP OFF		
SPECIAL INSTRUCTIONS			
DUE DATE			
APPROVED BY			
•	- ·		

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