N07000007685

(Requestor's Name)						
(Addr	ess)					
. (Addr	ess)					
(City/State/Zip/Phone #)						
PICK-UP	WAIT	MAIL				
(Busi	ness Entity Nar	me)				
(Docu	ıment Number)					
Certified Copies	Certificates	s of Status				
Special Instructions to Fi	ling Officer:					
·						

Office Use Only



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SECRETARY OF STATE
ALLAHASSEF F.STATE

T. Rebects SEP 18 2007

COVER LETTER

TO: Amendme Division o	ent Section of Corporations						
SUBJECT: Ch	ase Hollow Condominium Asso (Name of Cor						
		F					
DOCUMENT NU	JMBER: N07000007685						
The enclosed State	ement of Change of Registered Office/	Agent and fee are submitted for filing.					
Please return all co	orrespondence concerning this matter t	o the following:					
	M. Susan Fulford						
	(Name of Cont	act Person)					
Salter, Feiber, Murphy, Hutson & Menet, P.A.							
	(Firm/Con	npany)					
	P.O. Box 357399						
	(Addre	ss)					
Gainesville, FL 32635-7399							
•	(City/State and	Zip Code)					
For further inform	ation concerning this matter, please ca	11:					
M. Susan Fulford at (352) 376⊕8201 (Name of Contact Person) (Area Code & Daytime Telephone Number 1) (Area Code & Daytime Telephone Number 2) (Area Code & Da							
(N	ame of Contact Person)	(Area Code & Daytime Telephone Number)					
Enclosed is a \$35.	00 check made payable to the Departn	nent 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

statement of chan	ge is submitted fo	or a corporation organ	2, 607.1508, or 617.15 ized under the laws of ered agent, or both, in	the State of $_$ $^{ ext{I}}$	Florida	
1. The name of the	e corporation:	Chase Hollow	Condominium Ass	ociation, 1	inc.	
2. The principal office address: 2421 N. W. 41st Street, Suite A 1 Gainesville, FL 32606						
3. The mailing ad	dress (if different	():				
4. Date of incorpo	oration/qualificati	ion: 8-03-07	Document numb	N0700000)7685	
5. The name and s Florida Departr		he current registered a	gent and registered off	ice on file with	the	
	Davi	d E. Menet				
_	3940	N. W. 16th Bou	levard, Buildin	g B	A Age of	
-	Gain	nesville, FL 3	2605		SEP.	
6. The name and so (if changed):	street address of t	the new registered ager	nt (if changed) and /or	registered office	O PA	
_	Greg	gory J. Trunnell			108 1215 1415	
	2421	N. W. 41st Str	eet, Suite A l		6 m -	
-		(P.O. Box NOT acceptable	2)			
-	Gain	nesyille, FL 3	2606			
The street address as changed will be	s of its registere oe identical.	d office and the street	address of the busine	ess office of its	registered agent,	
			ed by its board of direct otified in writing of th			
N	red		Gregory J.			
I hereby accept to I further agree to of my duties, and document is being	o comply with the I I am familiar w 19 filed merely to	as unvistoued arout a	nd agree to act in this tutes relative to the pr ligation of my position he registered office ad	rtyped name and till capacity, oper and comp n as registered ddress, I hereby		
15	cell		9	-6-07 (Date)		
(Sign	nature of Registered A	gent)		(Date)		
If signing on bel	nalf of an entity:					
	yped or Printed Name)					

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