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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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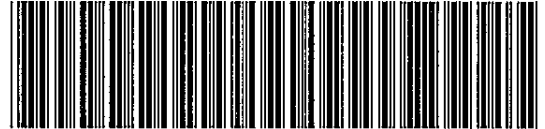
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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*John*  
*1-16-04*

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE HAMMOCKS HOMEOWNER'S ASSOCIATION OF ORANGE COUNTY, FL  
(Name of corporation)

**DOCUMENT NUMBER:** N32917

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:

SPENCER R. SOLOMON  
(Name of person)

SOUTHWEST PROPERTY MANAGEMENT  
(Name of firm/company)

113 DESIRABLE AURORA ST.  
(Address)

WINTER GARDEN, FL 34787  
(City/state and zip code)

For further information concerning this matter, please call:

SPENCER R. SOLOMON at 407 656-1081  
(Name of 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

**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, the undersigned corporation organized under the laws of the State of FLORIDA submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THE HAMMOCKS HOMEOWNER'S ASSOCIATION OF ORANGE COUNTY, INC.

2. The mailing address of the corporation: 2582 S. MAGUIRE RD. #318  
OCOCHEE, FL 34761

3. Date of incorporation/qualification: 6-21-89 Document number: N3297

4. The name and address of the current registered agent and registered office:  
JAMES W. HARR, JR.  
2180 W. SR 434 SUITE 5000  
LONGWOOD, FL 32779

5. The name and address of the new registered agent (if changed) and /or registered office (if changed):  
(P.O. Box NOT Acceptable)  
SPENCER R. SOLOMON  
113 DESIRE AUKORA ST.  
WINTER GARDEN, FL 34787

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SECRETARY OF STATE

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.

Robert McKay 12-28-03  
(Signature of an officer, chairman or vice chairman of the board) (Date)

ROBERT MCKEY  
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Spencer R. Solomon 12-28-03  
(Signature of Registered Agent) (Date)

If signing on behalf of an entity: SPENCER R. SOLOMON PROPERTY MANAGER  
(Typed or Printed Name) (Capacity)

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