## N13485

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations	
SUBJI	ECT: <u>Hunter's Creek Community Asso</u> (Name of Corpo	ociation, Inc.
DOCU	MENT NUMBER: N13485	
The en	closed Statement of Change of Registered Office/Ag	ent and fee are submitted for filing.
Please	return all correspondence concerning this matter to t	he following:
	Robert L. Tay (Name of Contact	Person)
	Taylor & Ca (Firm/Compa	rls, P.A.
	150 N. Westme (Address)	onte Drive
	Altamonte Sprin (City/State and Zi	igs, FL 32714 ip Code)
For fur	ther information concerning this matter, please call:	
	Robert L. Taylor, Esq. at (Name of Contact Person)	t ( <u>407</u> ) <u>660-1040</u> (Area Code & Daytime Telephone Number)
Enclos	ed is a \$35.00 check made payable to the Departmen	t 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 char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of th	the corporation: Hunter's Creek Community Association, Inc.	
2. The principal of	office address: 14101 TOWN LOOP BLVD. ORLANDO FL 32837	
3. The mailing ad	ddress (if different):	
4. Date of incorp	poration/qualification: 02/19/1986 Document number: N13485	
	d street address of the current registered agent and registered office on file with the trment of State: (If resigned, enter resigned)	
	Robert L. Taylor, Esq.	2
	850 Concourse Parkway, S, Suite 105	7 7
!	Mailland El 20751	ì
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered office of the new registered agent (if changed) and /or registered agent (if changed) are registered agent (if chang	Ì
	Taylor & Carls, P.A.	
	150 N. Westmonte Drive (P.O. Box NOT acceptable)	
	Altamonte Springs, FL 32714	
The street address as changed will l	ess of its registered office and the street address of the business office of its registered agent, be identical.	
Such change was	as authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.	
(Signatur	David Shirk  Te of an officer or director) (Printed or typed name and title)	
I hereby accept to I further agree to	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the removing of this change.	
(Sig	gnature of Registered (gent) (Date)	
Hobert L	chalf of an entity:  Toulor, Dir 9 Sc  Typed or Pripted Name)	

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