

132512

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

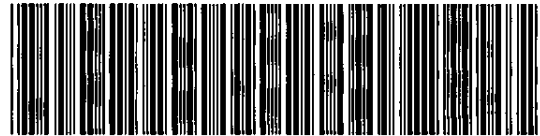
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

7/22 called for exact
name of RPA
7/28 copy given name as
Baystone Management Company
of Central Florida Inc.

Office Use Only

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07/29/09--01002--002 **35.00

09 JUL 28 PM 4:01

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RACB
CRC
7/28



FLORIDA DEPARTMENT OF STATE
Division of Corporations

GREYSTONE MANAGEMENT

JUL 17 2009

RECEIVED

July 14, 2009

HARBOR HILLS HOMEOWNERS ASSOCIATION
C/O GREYSTONE MANAGEMENT CO.,
1936 LEE ROAD, SUITE 250
WINTER PARK, FL 32789

SUBJECT: HARBOR HILLS HOMEOWNERS' ASSOCIATION, INC.
Ref. Number: N32512

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

To change the registered agent or registered office, or both, the enclosed form should be completed and returned to this office with a filing fee of \$35.

If you have any questions concerning the filing of your document, please call (850) 245-6880.

Karen Gibson
Document Specialist Supervisor

Letter Number: 609A00024168

RECEIVED
2009 JUL 21 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Harbor Hills Homeowners' Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N32512

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:

Janice C. Armstrong
Name of Contact Person

Greystone Management Company, Inc.
Firm/Company

1936 Lee Road Suite 250
Address

Winter Park, FL 32789
City/State and Zip Code

service@greystone-mgmt.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janice C. Armstrong at (407) 645-4945
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

**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: Harbor Hills Homeowners' Association, Inc.

2. The principal office address: 6538 Lake Griffin Rd
Lady Lake, FL 32159

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/25/89 Document number: N32512

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)

SKRLD, INC.
201 Alhambra Circle, Suite 1102
Coral Gables, FL 33134

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

Greystone Management Company of Central Florida, Inc.
1936 Lee Road, Suite 200
Winter Park, FL 32789

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.

Lu Ann Miller

Signature of an officer or director

Lu Ann Miller

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.

Janice Chensheng

Signature of Registered Agent

6/4/09

Date

If signing on behalf of an entity:

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

CR 10015 (8/95)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 JUL 28 PM 4:01