N94000005415

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COVER LETTER

TO:	Amendment Section Division of Corporations						
SUBJECT: HICKORY RIDGE HOMEOWNERS' ASSOCIATION IN Name of Corporation							
DOCU	UMENT NUMBER: N9400	0005415					
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:							
	PATTI H						
	Name of Conta	ct Person					
GREYSTONE MANAGEMENT COMPANY OF CENTRAL Firm/Company							
1101 N. LAKE DESTINY ROAD, SUITE 125 Address							
MAITLAND, FLORIDA 32751 City/State and Zip Code							
	phoff@arevstone	-mamt.com					
phoff@greystone-mgmt.com E-mail address: (to be used for future annual report notification)							
For fu	rther information concerning this matter, please call	:					
	PATTI HOFF Name of Contact Person	at (407) 645-4945 X106 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

statement of char	nge is submitted for a co	orporation organize	607.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Stal	te of FLORIDA		
1. The name of the	he corporation: HICK	ORY RIDGE	HOMEOWNERS'	ASSOCIATION, INC.		
• •	office address: <u>1001 N</u> D, FLORIDA 32751		NY ROAD, SUITE 125	5		
3. The mailing ac	ddress (if different):					
4. Date of incorp	oration/qualification: _	11/01/1994	Document number:	N94000005415		
	street address of the cu tment of State: (If resign		nt and registered office on f	île with the		
	JANICE C. ARMS	TRONG		\$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\ \$\		
	1001 N. LAKE DESTINY ROAD, SUITE 125					
	MAITLAND, FLOR	RIDA 32751		-8		
6. The name and (if changed):	street address of the ne	w registered agent (if changed) and /or register	PH 3: 33		
		P.O Box NOT ac	eceptable			
The street addre	ss of its registered office be identical.	ce and the street ad	dress of the business offic	e of its registered agent,		
			y its board of directors or led in writing of the chang			
Signature	e of an officer or director	en an	JANICE C. AR Printed or typed nam			
I hereby accept a I further agree to of my duties, and document is bein		ristered agent and coisions of all statute and accept the obligation of a change in the rig of this change.	ngree to act in this capacit is relative to the proper ar ition of my position as reg egistered office address, i			
			8/4/20)11		
Sign	nature of Registered Agent		Date			
If signing on bel	half of an entity:					
	IDGE HOMEOWNI	ERS' AS				

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