761282

(Requestor's Name)					
(Address)					
(Ad	ddress)				
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL.			
(Business Entity Name)					
/Do	ocument Number)				
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COVER LETTER

TO: Amendment Section Division of Corporations

GARDEN HILLS HOME OWNERS ASSOCIATION, INC.

Name of Corporation

.

DOCUMENT NUMBER: 761282

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:

SCOTT B. CHAPMAN, ESQ.

Name of Contact Person

THE CHAPMAN LAW FIRM, PA

Firm/Company

7200 WEST CAMINO REAL, SUITE 102

Address

BOCA RATON, FL 33433

City/State and Zip Code

SCHAPMAN@THECHAPMANLAWFIRM.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT B. CHAPMAN, ESQ. at 561 997-0449

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

statement of cha	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organi r to change its registered office or registe	zed under the laws	of the State of FLORIE	DA	
1. The name of t	he corporation: GARDEN HILLS Hoffice address: 5331 MENDOZA S	OME OWNER	S ASSOCIATION PALM BEACH	ON, INC. I , FL 33415	
3. The mailing a	ddress (if different): SAME				
4. Date of incorp	poration/qualification: 12/30/1981	Document nur	nber: 761282		
	I street address of the current registered ag tment of State: (If resigned, enter resigned		office on file with the		
	ST. JOHN, ROSSIN BURR &	LEMME, PLLO	<u> </u>		
	1604 FORUM PLACE, SUITE	701	1000		
	WEST PALM BEACH, FL 33	401		13	
6. The name and (if changed):	I street address of the new registered agen	t (if changed) and /c	or registered office	THE PARTY OF THE P	
·	THE CHAPMAN LAW FIRM,	PA		12 TO 18 TO	
, τ.	7200 WEST CAMINO REAL, SUITE 102				
	BOCA RATON, FL 33433	acceptable			
The street addre	ess of its registered office and the street a be identical.	ddress of the busin	ess office of its regist	tered agent,	
<u> </u>	as authorized by resolution duly adopted the board, or the corporation has been not				
Uhllia	re of an officer or airector	WILLIAM V	SHELTON, typed name and title	TREASURER	
ū	the appointment as registered agent and to comply with the provisions of all statu my duties, and I am familiar with and ac is document is being filed merely to refle that the corporation has been notified in		- ·		
(M/V		04/18/2013			
	nature of Registered Agent		Date		
	half of an entity:				
<u> </u>	Chapman. Psq.				

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

CR2E045 (03/12)