310	R MANAGEMEN PEARL AVENU DTA, FLORIDA	NT, INC JE 34243	
(Addre	ess)		
(City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL	
· (Busin	ess Entity Nan	ne)	
·	•	,	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Fili	ng Officer:		



000109186470

10/12/07--01018--011 **35.00

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Hidden Hollow Co	ndominium Association. Inc.	
2. The principal Sarasota, F	office address: 4399 Sandner Driv	ve	
3. The mailing a	address (if different): C/O DellCor	Management, 310 Pearl Avenue	
4. Date of incor	poration/qualification: July 18, 19	73 Document number: 726988	
	d street address of the current regist rtment of State:	ered agent and registered office on file with the	
	Lobeck, Dan Esq Law Off	fices of Lobeck, Hanson, Et. Al	
	2033 Main St. Ste. 403		
	Sarasota, FL 34237	9 Tage	
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or registered office	
	DellCor Management, Inc.		
	310 Pearl Avenue		
•	(P.O. Box NOT acceptable)		
	Sarasota, FL 34243		
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registered agent,	
Such change was authorized by the	as authorized by resolution duly a he board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.	
Gail (Signation	Mustro 13 ure of an officer or directory	Gail Armstrong, President (Printed or typed name and title)	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registcred ag to comply with the provisions of a ad I am familiar with and accept th ing filed merely to reflect a chang s igen notified in writing of this c	ent and agree to act in this capacity. Il statutes relative to the proper and complete performance he obligation of my position as registered agent. Or, if this e in the registered office address, I hereby confirm that the hange.	
Mas	Ill Chu pres.	September 19, 2007	
(Signing on bo	gnature of Registered Agent)	(Date)	
5 5	chalf of an entity:		
DellCor Mana	ryped or Printed Name)		

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

Make checks payable to Florida Department of Sta'