

735211

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

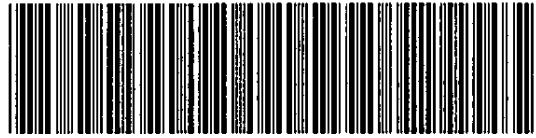
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300159326083

08/27/09--01021--001 \*\*35.00

KA to Jy

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP 21 AM 10:50

Roberts SEP 24 2009



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 28, 2009

MARY R. HARVEY, ESQ.  
MARY R. HARVEY, ESQUIRE P.A.  
850 NW FEDERAL HWY  
STUART, FL 34994

SUBJECT: HUTCHINSON ISLAND CLUB CONDOMINIUM ASSOCIATION, INC.  
Ref. Number: 735211

We have received your document for HUTCHINSON ISLAND CLUB CONDOMINIUM ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts  
Regulatory Specialist II

Letter Number: 009A00029057

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HUTCHINSON ISLAND CLUB CONDOMINIUM ASSC  
Name of Corporation

**DOCUMENT NUMBER:** 735211

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:

MARY R. HARVEY, ESQUIRE  
Name of Contact Person

MARY R. HARVEY, ESQUIRE P.A.  
Firm/Company

850 NW FEDERAL HIGHWAY  
Address

STUART, FL 34994  
City/State and Zip Code

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

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

For further information concerning this matter, please call:

MARY R. HARVEY, ESQUIRE at ( 772 ) 403-5855  
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: HUTCHINSON ISLAND CLUB CONDOMINIUM ASSOCIATION, INC.
- 2. The principal office address: 10410 S. OCEAN DRIVE, JENSEN BEACH, FL 34957
- 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 3/10/1976 Document number: 735211

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)

MICHAEL J. GELFAND, GELFAND & ARPE, P.A.  
401 EAST OSCEOLA STREET  
STUART, FL 34994

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

MARY R. HARVEY, ESQUIRE P.A.  
850 NW FEDERAL HIGHWAY  
P.O. Box NOT acceptable  
STUART, FL 34994

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 SEP 21 AM 10:58

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.

Donna Regenstreif  
Signature of an officer or director

DONNA REGENSTREIF, PRES.  
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.*

Mary R. Harvey  
Signature of Registered Agent

9-17-09  
Date

If signing on behalf of an entity:

MARY R. HARVEY  
Typed or Printed Name

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