

738124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

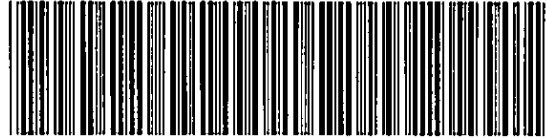
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2020 MAR 20 PM 12:33

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 20, 2020

ROBERT J. COHEN
P. O. BOX 357189
GAINESVILLE, FL 32635-7189

SUBJECT: THE HAMMOCK OWNERSHIP ASSOCIATION, INC.
Ref. Number: 738124

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 620A00006102

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Hammock Ownership Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 738124

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:

Robert J. Cohen

Name of Contact Person

The Hammock Ownership Association, Inc.

Firm/Company

10000 NW 57th Place

Address

Gainesville, Florida 32653-2839

City/State and Zip Code

cohenrj@cox.net

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

For further information concerning this matter, please call:

Robert J. Cohen

Name of Contact Person

at (352) 378-4072 or cell (352) 328-8918
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: The Hammock Ownership Association, Inc.
2. The principal office address: 10000 NW 57th Place, Gainesville, Florida 32653-2839
3. The mailing address (if different): PO Box 357189, Gainesville, Florida 32635-7189
4. Date of incorporation/qualification: 02/17/1977 Document number: 738124
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)

resigned

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

Robert J. Cohen

10000 NW 57th Place

P.O. Box NOT acceptable

Gainesville, Florida 32653-2839

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.

Robert J. Cohen

Signature of an officer or director

Robert J. Cohen, President

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.

Robert J. Cohen

Signature of Registered Agent

04/4/20

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

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