

759987

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

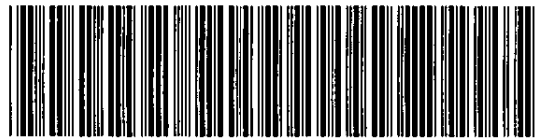
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000137611920

11/14/08--01003--003 \*\*35.00

FILED

2008 NOV 14 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NA Change  
Lewis  
11-19-08

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Hammock Pine Village 1 Association Inc.  
(Name of Corporation)

DOCUMENT NUMBER: 759987

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:

Jim Ranallo  
(Name of Contact Person)

Citadel Prop Mgmt Group Inc  
(Firm/Company)

40347 US 19 N Ste 229  
(Address)

Tarpon Springs FL 34689  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jim Ranallo at ( 727 ) 938-7730  
(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: Hammock Pine Village 1 Association, Inc.
2. The principal office address: 40347 US 19 N Ste 229  
Tarpon Springs FL 34689
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/11/1981 Document number: 759987
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)

Resource Property Management  
28100 US Hwy 19N Ste 305  
Clearwater FL 33761

FILED  
2008 NOV 14 AM 9:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Citadel Property Management Group Inc.  
40347 US 19 N, Ste 229  
(P.O. Box NOT acceptable)  
Tarpon Springs FL 34689

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.

[Signature]  
(Signature of an officer or director)

AL LICCIARDELLI, 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.

[Signature]  
(Signature of Registered Agent)

10/16/08  
(Date)

If signing on behalf of an entity:

allstate Jim Ranallo  
(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  
CR2E045 (8/05)