

NO200000 2777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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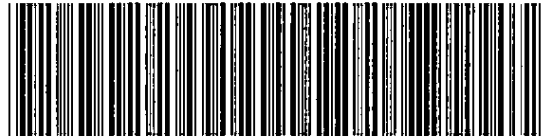
(Business Entity Name)

(Document Number)

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RA Change

FEB 11 2020

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Hillcrest Owners Association of Gainesville, Inc  
Name of Corporation

**DOCUMENT NUMBER:** 20-1269501

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:

Naz Erenguc

Name of Contact Person

Hillcrest Owners Association of Gainesville, Inc

Firm/Company

1253 NW 50th Terr

Address

Gainesville, FL 32605

City/State and Zip Code

hillcresthoa2014@gmail.com

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

For further information concerning this matter, please call:

Naz Erenguc

Name of Contact Person

at (352)

870-3134

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

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DIVISION OF CORPORATIONS  
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**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: HILLCREST OWNERS ASSOCIATION OF GAINESVILLE, INC.
2. The principal office address: 1253 NW 50th Terr Gainesville, FL 32605
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 04/16/2002 Document number: N02000002777
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)

Beth Battaglia (resigned)

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

Naz Erenguc

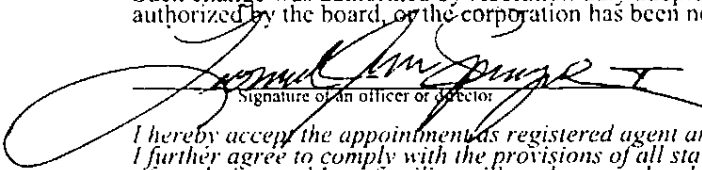
1244 NW 50TH DR

P.O. Box NOT acceptable

Gainesville, FL 32605

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

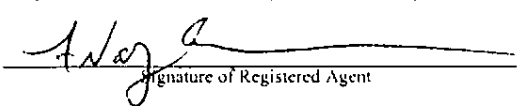
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Lenny Sprague

LEONARD SPRAGUE  
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 of Registered Agent

1/3/2020

Date

If signing on behalf of an entity:

NAZ ERENGUC  
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 (04/13)

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