

NO2000006781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

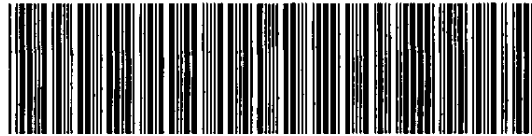
(Business Entity Name)

(Document Number)

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

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APPROVED  
AND  
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10 JAN 11 PM 12:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

R770  
1/13/10  
71

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.

- The Villas at Hammock Beach Condominium  
Association Inc
1. The name of the corporation: \_\_\_\_\_
2. The principal office address: 8390 Championsgate Blvd., Suite 304  
Championsgate, FL 33896
3. The mailing address (if different): same

4. Date of incorporation/qualification: 9/6/02 Document number: N02000006781

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)

Ginn Property Management LLC  
1 Hammock Beach Parkway  
Palm Coast, FL 32137

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

Aegis Community Management Solutions, Inc  
8390 Championsgate Blvd, Suite 304  
P.O. Box NOT acceptable  
Championsgate, FL 33896

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.

\* John Pionzio  
Signature of an officer or director

\* John Pionzio  
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.

David L Burman  
Signature of Registered Agent

11/13/09  
Date

If signing on behalf of an entity:

David L Burman  
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  
CR2F045 (8/05)

10 JAN 11 PM 12:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: THE VILLAS AT HAMMOCK BEACH CONDOMINIUM ASSOCIATION, INC.  
Name of Corporation

DOCUMENT NUMBER: NO2 00000 6781

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:

DAVID BURMAN  
Name of Contact Person

AEGIS COMMUNITY MANAGEMENT SOLUTIONS, INC  
Firm/Company

8390 CHAMPIONSGATE BLVD., SUITE 304  
Address

CHAMPIONSGATE, FL. 33896  
City/State and Zip Code

DAVIDB@AEGISCMS.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID BURMAN at (863) 256 5052  
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