

ND2000 006 781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

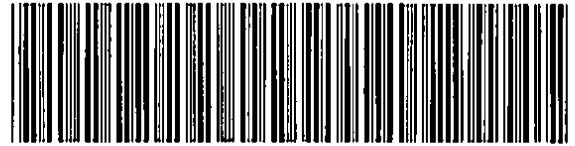
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TALLAHASSEE, FLORIDA

SEP 24 2019

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2019

NATHAN WADE
TOMOKA PROPERTY MANAGEMENT INC
4645 CLYDE MORRIS BLVD STE 401
PORT ORANGE, FL 32129

SUBJECT: THE VILLAS AT HAMMOCK BEACH CONDOMINIUM
ASSOCIATION, INC.
Ref. Number: N02000006781

We have received your document for THE VILLAS AT HAMMOCK BEACH 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):

An individual must sign on behalf of the business entity you have designated as the registered agent.

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 619A00018913

2019 SEP 23 PM 12:20

RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE VILAS AT HAWAII BEACH CONDOMINIUM ASSOCIATION, INC
Name of Corporation

DOCUMENT NUMBER: No 2000006781

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:

NATHAN WADE
Name of Contact Person

TOMOKA PROPERTY MANAGEMENT, INC.
Firm/Company

4645 CLYDE MORRIS BLVD SUITE A 401
Address

PERR ORANGE, FL 32129
City/State and Zip Code

nwade@tomokapm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NATHAN WADE at (386) 361 5777
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: THE VILLAS AT HAWTHILL BEACH CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 4645 GUYAR MORRIS BLVD SUITE 401
PORT ORANGE, FL 32129
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 9/6/2002 Document number: NO2000006281
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)
ARCIS COMMUNITY MANAGEMENT SOLUTIONS, INC.
8390 CHAMPIONSGATE BLVD SUITE 304
CHAMPIONSGATE, FL 33896

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

THOMAS PROMATS MANAGEMENT, INC.
4645 S. GUYAR MORRIS BLVD SUITE 401
P.O. Box NOT acceptable
PORT ORANGE, FL 32129

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

WAYNE SAHN PRES. VILLAS

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

9-15-2019

Date

If signing on behalf of an entity:

NATHAN VAJE

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
CR2EDMS (03/12)

19 SEP 23 PM 4:18

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