N04000002368

(Re	equestor's Name)				
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	MAIT	MAIL			
(Bu	ısiness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
		·			

Office Use Only



600235454726

05/29/12--01011--010 **35.00

. .

SECRETARY OF STATE DIVISION OF CORPORATIONS

R.A.

MAY 3 1 2012

T. BROWN

COVER LETTER

TO:		ent Section of Corporations			
SUBJ	ECT:	Harvest Meadov	V Homeowner	s Associatio	n, Inc.
DOC	UMENT N	UMBER:	N04000	002368	
The e	nclosed Sta	tement of Change of Re	gistered Office/Age	ent and fee are su	bmitted for filing.
Please	e return all	correspondence concern	ing this matter to th	e following:	
			Garry Griff Name of Contact	<u>in</u>	
			Name of Contact	Person	
		Bossha	dt Property Mar	nagement, LLC	
			Firm/Compa	ny	
			2123 SW 20th	Place	
			Address	. ,	
			Ocala, FL 34	471	
			Ocala, FL 34 City/State and Zi	Code	
		ga	rry@bosshardtc	am.com	
		E-mail address: (to	be used for future	annual report r	notification)
For fu	rther inforr	nation concerning this n	natter, please call:		
		Garry Griffin	at	(352)	671-8203
	N	ame of Contact Person			Paytime Telephone Number
Enclo	sed is a \$35	.00 check made payable	to the Department	of State.	
		Mailing Address Amendment Se Division of Co P.O. Box 6327 Tallahassee, FI	ction porations	Clifton Bu 2661 Exec	nt Section f Corporations

TO:

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: Harvest Meadow Homeowners Association, Inc.
2. The principal office address: 2123 SW 20th Place Ocala, FL 34471
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 3/1/2004 Document number: N0400002368
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)
Timothy Allen
6147 SW 81st Street
Ocala, FL 34476
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Bosshardt Property Management, LLC ♣ ♣ ♣ ♣ ♣ ♣ ♣ ♣ ♣ ♣ ♣ ♣ ♣ ♣ ♣ ♣ ♣ ♣
2123 SW 20th Place ♀ ♀ ♀ ♀ ♀ ♀ ♀ ♀ ♀ ♀ ♀ ♀ ♀ ♀ ♀ ♀ ♀ ♀ ♀
P.O. Box NOT acceptable
Ocala, FL 34471
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, of the corporation has been notified in writing of the change.
Signature of an officer or director Frinted or typed name and title 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.
Santy H. Mul 4-12-12 Signature of Registered Agent Date
If signing on behalf of an entity:
CHRRY H. GRIFFIN Typed or Printed Name

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

* * * FILING FEE: \$35.00 * * *