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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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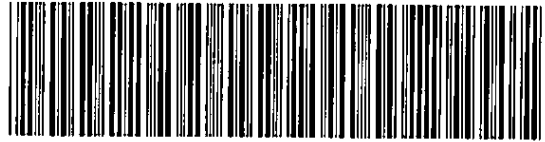
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE ONE BEDROOMS AT THE HAMMOCK BEACH CLUB CONDOMINIUM ASSOC. INC
Name of Corporation

DOCUMENT NUMBER: NO 4 000002841

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

PORT 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, 607.1503, 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 GULF BEACHES AT THE HAWAIIAN BEACH CLUB, INC.
2. The principal office address: 4645 GULF BEACH BLVD SUITE 401
PORT ORANGE, FL 32129
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 3/12/2004 Document number: AL04 000002241

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)

ALCO COMMUNITY MANAGEMENT, INC.
8370 CHAMMONTATE ROAD SUITE 304
CHAMMONTATE, FL 33896

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

TRIANA FINANCIAL MANAGEMENT, INC.
4645 S GULF BEACH BLVD SUITE 401
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.

Steven P. Carstens Steven P. Carstens
Signature of registered agent or officer of corporation Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, 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] 8/29/2007
Signature of Registered Agent Date

If signing on behalf of an entity:

NATHAN WADE
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
CR2EDS (03/12)

FILED
19 SEP -3 AM 09:21
TALLAHASSEE, FLORIDA