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Office Use Only



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COVER LETTER

TO: A	Amendment Section Division of Corpora	tions							
SUBJEC	Т:			Residents orporation)	Association,	Inc.			
DOCUM	IENT NUMBER:_	N040000071	04						
The enclo	osed Statement of C	hange of Register	ed Office	e/Agent and fee ar	e submitted for filing	•			
Please ret	turn all corresponde	nce concerning th	is matter	to the following:					
		Kimberly F		itact person)					
				-	Management				
		((Firm/Co	mpany)					
		266 Wilshi	re Bl	vd., Ste.	110				
(Address)									
		Casselberr	y, FL	32707					
(City/state and zip code)									
For further	er information conc	erning this matter,	please c	all:					
Kimb	oerly Fowler	test nemon		_ at (_407) 830-7799 & daytime telephone	number			
	is a \$35.00 check n				æ daytime telephone	number			
	Ame Divi P.O.	ling Address: endment Section sion of Corporation Box 6327 thassee, FL 32314		Division 409 E. C	Address: nent Section n of Corporations Jaines Street see, FL 32399				

CR2E045(6/04)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sec	tions 607.0502, 61	17.0502, d	107.1508, or 617	7.1508, Floria	la Statutes, this	
statement of change is submitted	=	_		•	-	
in order to change its re	gistered office or	registered	l agent, or both,	in the State o	f Florida.	
1. The name of the corporation:_	Hamilton 1	Place	Resident	s Associ	ation, In	nc.
2. The principal office address:_	266 Wilsh:	ire Bl	vd., Ste	. 110		
	Casselber	ry, FI	32707			
3. The mailing address (if differe	nt):					
4. Date of incorporation/qualification	tion: 7-20-0	04	Document nu	mber: N04	000007104	4
5. The name and street address of Florida Department of State:	the current registe	ered agen	t and registered	office on file	with the	
	Hart, Jame					
	Sentry Mar			-000		
	2180 West Longwood,			5000		
	RESIGNED:					
6. The name and street address of (if changed):	Kimberly I	Fowler			SECRET/ TALLAHA	07 HAY
	(P.O. Box NOT acc		va., Ste.	. 110	ARY SSE	1L1
	Casselbern	•	32707		<u> </u>	3 D
The street address of its register as changed will be identical.					>	agent,
Such change was authorized by authorized by the board, or the		copted by en notifi	st in writing of Shawna			
(Signature of an officer of dire	ctor)	_		od or typed name a		
I hereby accept the appointment I further agree to comply with the of my duties, and I am familiar to document is being filed merely to corporation has been notified in	as registered ago ne provisions of a with and accept th o reflect a chango yriting of this ch	ent and a ll statutes ne obliga e in the re nange.	relative to the ion of my posit gistered office	proper and c ion as registe address, I he	complete perfor ered agent. Or reby confirm th	mance if this hat the
Kimperly to	noler	_	5/18	107		
(Signature of Registered A	r			(Date)	•	
V	1 _ 4					
(Typed or Printed Name	<u>(EN</u>					

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