

N06000005820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

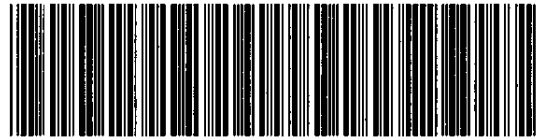
(Business Entity Name)

(Document Number)

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R.A. Chong
C.COULLIETTE

DEC 10 2009

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE GARDENS AT HAMMOCK BEACH PROPERTY OWNERS' ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N0600000 5820

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 CHAMPIONS GATE BLVD., Suite 304
Address

CHAMPIONSGATE FL. 33896
City/State and Zip Code

DAVIDB @ AEGIS CMS.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

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: The Gardens at Hammock Beach Property Owners' Associa-
2. The principal office address: 8390 Championsgate Blvd, Suite 304 tion, Inc.
Championsgate, FL 33896
3. The mailing address (if different): same

4. Date of incorporation/qualification: 5/30/06 Document number: N06000005820

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 Pkwy
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.

Carla Grant
Signature of an officer or director

Carla Grant GM 12-1-09
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

CR2E045 (8/05)

FILED
NOV 13 2009
TALLAHASSEE, FL
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