

NO6000007197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/4/01

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hawthorne Reserve Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N06000007197

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:

Reynolds Henderson
Name of Contact Person

SRB Servicing, LLC
Firm/Company

249 Mack Bayou Loop, Suite 302
Address

Santa Rosa Beach, Florida 32459
City/State and Zip Code

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

For further information concerning this matter, please call:

Renita Main at (850) 278-1000
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: Hawthorne Reserve Condominium Association, Inc.
2. The principal office address: 500 NW 43rd Street, Suite - 3, Gainesville, Florida 32607
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/06/2006 Document number: N06000007197
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)

Conner, Sarah Manager

5208 SW 91st Drive - Suite D

Gainesville, Florida 32608

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

Cornerstone Property Solutions of North-Central Florida, LLC

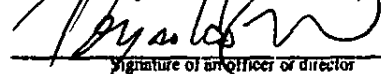
500 NW 43rd Street, Suite-3

P.O. Box NOT acceptable

Gainesville, Florida 32607

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

Reynolds Henderson, Manager

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

4-19-2010

Date

If signing on behalf of an entity:

Eugene Hayler

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)

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