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RA change
News
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LeJardin at Hammock Dunes Condominium Association, Inc.
Name of Corporation

DOCUMENT NUMBER: NO7000008 5513

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:

Elizabeth (Liz) Scarcella
Name of Contact Person

Le Jardin at Hammock Dunes Condominium Association, Inc.
Firm/Company

28 Porto Mar
Address

Palm Coast, FL 32137
City/State and Zip Code

lejardinathammoc@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Liz Scarcella at (386) 447-6182
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Le Jardin at Hammock Dunes Condominium Association, Inc.

2. The principal office address: 28 Porto Mar, Palm Coast, FL 32137

3. The mailing address (if different): _____

4. Date of incorporation/qualification: June 1st 2007 Document number: N07000005513

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)

Vivian Hastings- Resigned 101 East Town Place Suite 100

101 East Town Place Suite 100

Saint Augustine, FL 32092

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

Elizabeth (Liz) Scarcella

28 Porto Mar

P.O. Box NOT acceptable

Palm Coast, FL 32137

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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.

Howard A. Broussard
Signature of an officer or director

HOWARD A. BROUSSARD
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.

Elizabeth Scarcella
Signature of Registered Agent

11/24/09
Date

If signing on behalf of an entity:

Typed or Printed Name

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