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PICK-UP	☐ WAIT	MAIL			
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Huntley Park Association, Inc	
Name of Corporation	
DOCUMENT NUMBER: N17506	

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:

Brie Hutchinson Name of Contact Person Trident Association Management Firm Company 618 E. South Street STE 500 Address Orlando, Florida 32801 City State and Zip Code Brie@TridentMgmt.com

For further information concerning this matter, please call:

Brie Hutchinson

Name of Contact Person

Area Code & Daytime Telephone Number

E-mail address: (to be used for future annual report notification)

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

statement of change is	submitted for a corporation	17.0502, 607.1508, or 617.1508, i organized under the laws of the S registered agent, or both, in the S	State of Florida
1. The name of the corp	poration: Huntley Park	Association, Inc	
2. The principal office	address: C/O Trident A	ssociation Managemer lando, Florida 32801	nt
3. The mailing address	(if different): same		
4. Date of incorporation	n qualification: 10/4/198	B6 Document number:	N17506
	address of the current regist of State: (If resigned, enter r	ered agent and registered office of esigned)	on file with the
Bea	con Community Ma	nagement	
9100	Conroy-Winderme	ere Rd STE 200	
Wind	dermere, Florida 34	786	2019 SEC: TA
6. The name and street (if changed):	address of the new registere	ed agent (if changed) and /or regis	A
Tride	ent Association Mar	nagement LLC	
<u>618</u>	E. South Street STI		
Orla	ndo, Florida 32801	ov NOT acceptable	
The street address of it as changed will be ide	s registered office and the ntical.	street address of the business off	ice of its registered agent,
Such change was authorized	orized by resolution duly ac	lopted by its board of directors o en notified in writing of the char president	or by an officer so
Signature of an o	fficer or director	Printed or typed na	ime and title
I further agrée to comp performance of my dut agent. Or, if this docu	ply with the provisions of a lies, and I am familiar with ment is being filed merely i	mt and agree to act in this capac ll statutes relative to the proper of and accept the obligation of my to reflect a change in the register ified in writing of this change.	and complete position as registered
Drie Hatelinson 5/22/2019		2/2019	
If signing on behalf of	- '	Date	
Typed or P	rinted Name		

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