

N21920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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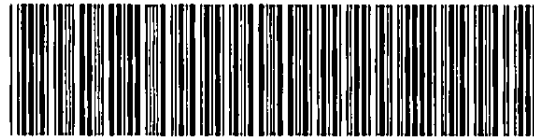
(Business Entity Name)

(Document Number)

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2019 MAY 28 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FL

JUN 06 2019
C Kinsey

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hunters Glen Community Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N21920

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:

Robert T. Kline
Name of Contact Person

Hunters Glen Community Association, Inc.
Firm/Company

5108 NW 53rd Street
Address

Gainesville, FL 32653
City/State and Zip Code

rtk29412@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathie Ruelke at (352) 373-5144
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: Hunters Glen Community Association, Inc
2. The principal office address: 5108 NW 53rd Street
Gainesville, FL 32653
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/06/1987 ^{-Original} Document number: 1121920
Last HOA Meeting 05/05/2019

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)

Resigned { Patricia E Dilley
5115 NW 53rd Street
Gainesville, FL 32653

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

Robert T. Kline
5108 NW 53rd Street
Gainesville, FL 32653
P.O. Box NOT acceptable

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.

Robert T. Kline
Signature of an officer or director

Robert T. Kline, President
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.

Robert T. Kline
Signature of Registered Agent

05/23/2019
Date

If signing on behalf of an entity:

Typed or Printed Name

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