

N31559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

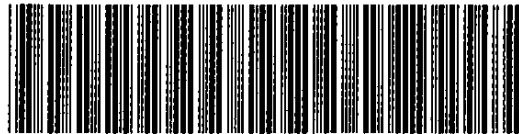
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000113341330

12/24/07--01023--007 **35.00

~~12/24/07 01023 000 000 000~~

FILED
07 DEC 24 PM 1:07
CLERK OF COURT
STATE OF FLORIDA

PP
2007
12/31/07

✓

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HANKSNEST AT METROWEST HOA, INC
(Name of Corporation)

DOCUMENT NUMBER: N31559

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:

Kevin M. Davis, Owner
(Name of Contact Person)

Community Management Specialists, Inc.
(Firm/Company)

1750 W. Broadway, Ste. 220
(Address)

Oviedo, FL 32765
(City/State and Zip Code)

For further information concerning this matter, please call:

Kevin Davis at (407) 359-7202
(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: Hawksnest @ Metro West HOA, Inc.
2. The principal office address: 1750 W. Broadway, Ste. 220.

3. The mailing address (if different): P.O. Box 620368
Oviedo, FL 32762

4. Date of incorporation/qualification: 4/22/94 Document number: N31559

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

Robert Hara
118 N. Wymore Road
Winter Park, FL 32789

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

Kevin M. Davis, LCAM
Community Management Specialists
(P.O. Box NOT acceptable)
1750 W. Broadway St., Ste. 220 Oviedo, FL 32765

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]
(Signature of an officer or director)

Ray Wilson
(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]
(Signature of Registered Agent)

12/10/02
(Date)

If signing on behalf of an entity:

KEVIN M. DAVIS
(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