

N31582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

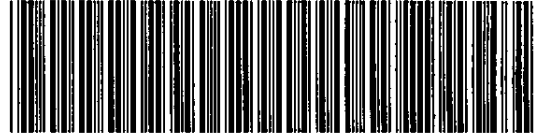
(Business Entity Name)

(Document Number)

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16 MAY 19 PM 2:27
FLORIDA STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS

MAY 20 2016
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COVER LETTER

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SECRETARY OF CORPORATIONS
16 MAY 19 PM 2:27

TO: Amendment Section
Division of Corporations

SUBJECT: HALF MOON BAY BY K. HOVNANIAN CONDOMINIUM ASSOCIATION, INC
Name of Corporation

DOCUMENT NUMBER: N31582

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:

David Brough
Name of Contact Person
Brough, Chadrow & Levine, P.A.
Firm/Company
2149 North Commerce Parkway
Address
Weston, FL 33326
City/State and Zip Code
dbrough@bclpa-law.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Brough at (**954**) **384-0732**
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: HALF MOON BAY BY K. HOVNIANIAN CONDOMINIUM ASSOCIATION, INC

2. The principal office address: 7070 HALF MOON CIRCLE HYPOLUXO, FL 33462

3. The mailing address (if different): CAMPBELL PROPERTY MANAGEMENT
3918 VIA POICIANA DR SUIT \$9 LAKE WORTH, FL 33467

4. Date of incorporation/qualification: 04/07/1989 Document number: N31582

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)

Brough, Chadrow & Levine, P.A.

1900 North Commerce Parkway

Weston, FL 33326

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

Brough, Chadrow & Levine, P.A.

2149 North Commerce Parkway

P.O. Box NOT acceptable

Weston, FL 33326

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STATE DEPT OF CORPORATIONS
DIVISION OF CORPORATIONS
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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.

DR Thomas R. Ermolovich
Signature of an officer or director

DR THOMAS R. ERMOLOVICH, TREASURER
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.

D Brough
Signature of Registered Agent

5/16/16
Date

If signing on behalf of an entity:

DAVID BROUGH

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