## 1/325/2

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## **COVER LETTER**

TO: Amendment Section Division of Corporations SUBJECT: HARBOR HILLS HOMEOWNERS' ASSOCIATION IN Name of Corporation N32512 **DOCUMENT NUMBER:** 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: PATTI HOFF Name of Contact Person GREYSTONE MANAGEMENT COMPANY OF CENTRAL Firm/Company 1101 N. LAKE DESTINY ROAD, SUITE 125 MAITLAND, FLORIDA 32751 City/State and Zip Code phoff@greystone-mgmt.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PATTI HOFF Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: **Street Address:** Amendment Section Amendment Section

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

			507.1508, or 617.1508, Floa d under the laws of the State		
in orde	r to change its registere	ed office or registered	d agent, or both, in the State	e of Florida.	
1. The name of t	he corporation: HARI	BOR HILLS H	OMEOWNERS' AS	SOCIATION, INC.	
2. The principal	office address: 1001	V. LAKE DESTIN	IY ROAD, SUITE 125		
MAITLAND	D, FLORIDA 32751				
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: _	05/25/1989	Document number:	N32512	
	I street address of the cu tment of State: (If resig		t and registered office on fi	le with the	
	JANICE C. ARMS	TRONG		<u> </u>	
	1001 N. LAKE DESTINY ROAD, SUITE 125				
	MAITLAND, FLOR	RIDA 32751	-	- Series	
6. The name and (if changed):	I street address of the ne	ew registered agent (i	f changed) and /or registere	B PH 3: 33 B PH 3: 33 B PH 3: 33	
		P.O. Box NOT acc	ceptable		
_			dress of the business office		
///	7 / /	tion duly adopted by ation has been notifi	y its board of directors or led in writing of the change	oy an officer so e.	
Muc	re of an officer or director	many.	JANICE C. AR Printed or typed name		
, , .		gistered agent and a visions of all statute: nd accept the obliga ect a change in the re ng of this change.	gree to act in this capacity s relative to the proper an tion of my position as regi egistered office address, I		
			8/4/20	11	
Signature of Registered Agent			Date		
If signing on be	half of an entity:				
	LLS HOMEOWNE	RS' ASS(			
* 3	, p== 0: 11::::::::::::::::::::::::::::::::				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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