## N32917

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e) : ;
(Do	cument Number)	
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2009 AUG 28 AMII: 58
SECRETARY OF STATE

R.A.

TR AUG 3 1 2009

## **COVER LETTER**

TO: Amendmen Division of	nt Section f Corporations	
SUBJECT: Th	e Hammocks Homeowner Name of Co	s Assoc. of Orange Co.
DOCUMENT NU	MBER:N	32917
The enclosed State	ment of Change of Registered Office	Agent and fee are submitted for filing.
Please return all co	rrespondence concerning this matter	to the following:
	Spencer S Name of Con	Solomon
	Name of Con	tact Person
	Southwest Prope	tv Management
	Firm/Co.	
	P.O. Box	
	Addr	ess
	Winter Garde	n FI 34778
	Winter Garde City/State an	d Zip Code
	spencerswpm@	evahoo com
_	E-mail address: (to be used for fu	ture annual report notification)
For further informa	ation concerning this matter, please ca	all:
S	Spencer Solomon	407 ) 656-1081
	ne of Contact Person	at (407) 656-1081 Area Code & Daytime Telephone Number
Enclosed is a \$35.0	00 check made payable to the Departr	nent of State.
	Mailing Address: Amendment Section Division of Corporations	Street Address: Amendment Section Division of Corporations

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

-	•		07.1508, or 617.1508, Florida I under the laws of the State of		
in orde	er to change its registered	office or registered	l agent, or both, in the State of	Florida.	County, In
1. The name of t	the corporation: The Ha	ammocks Ho	<u>meowners Associa</u> ↓	ion at oi	ange
2. The principal	office address: 13350 V	V. Colonial Dr.	Suite 330		
Winter Ga	rden, FL 34787		·		
3. The mailing a	address (if different): P.O	. Box 783367	, <u>_</u> *		
Winter G	Sarden, FL 34778		<u>.                                    </u>		
4. Date of incorp	poration/qualification:	6/21/1989	_ Document number:	N32917	
	d street address of the currertment of State: (If resigne	•	t and registered office on file w	vith the	
	Spencer Solomon			_	
	14443 Prunning Wo	14443 Prunning Wood Place			
	Winter Garden, FL	34787		2009 SEC	
6. The name and (if changed):	d street address of the new	registered agent (it	f changed) and /or registered or	AUG 28 CRETARY AHASSE	
	Spencer Solomon			_E.F.S	П
	13350 W Colonial D	Or. Suite 330 P.O. Box NOT acc	antahla	II: 58 STATE LORID:	
	Winter Garden, FL 3			- · · · · · · · · · · · · · · · · · · ·	
The street addre	ess of its registered office be identical.	and the street add	ress of the business office of	its registered a	gent,
Such change wa authorized by th	as authorized by resolution he board, or the corporation	on duly adopted by on has been notific	its board of directors or by a ed in writing of the change.	n officer so	
Juny Bullard 8 Signature of an officer or director  Terry Ballard 8 Printed or typed name and		/5/09 title			
I hereby accept I further agree t of my duties, an document is bli corporation has	the appointment as regis to comply with the provis Id I am familiar with and ing filed modely to reflect s been not fied in writing	tered agent and ag ions of all statutes accept the obligat a change in the re of this change.	gree to act in this capacity, s relative to the proper and co ion of my position as register gistered office address, I here	omplete perforn ed agent. Or, eby confirm the	nance if this at the
			8/5/2009	. <u> </u>	
-	nature of Registered Agent		Date		
If signing on be	chalf of an entity:				
Ty	yped or Printed Name				

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