

N444040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

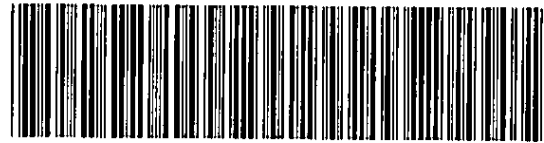
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900368714179

RECEIVED

JUL 06 2021

07/07/21--01017--008 **35.00

SECRETARY OF STATE
TALLAHASSEE, FL

2021 JUL -6 PM 8:03

FILED

A. Butler

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Hawkrigde Property Owners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N44040

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:

James Farese

Name of Contact Person

Cambridge Property Management

Firm/Company

2335 Tamiami Trail North Suite 402

Address

Naples FL 34103

City/State and Zip Code

patriciao@cambridgeswfl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Farese

at (239) 249-7000
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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: Hawksridge Property Owners Association, Inc.
2. The principal office address: 2335 Tamiami Trail North Suite 402, Naples FL 34103
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 6/25/1991 Document number: N44040
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)

c/o Southwest Property Management

1044 Castello Dr Ste 206

Naples FL 34103

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

c/o Cambridge Property Management

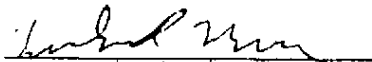
2335 Tamiami Trail North Ste 402,

P.O. Box NOT acceptable

Naples FL 34103

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

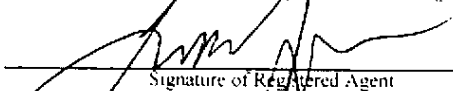
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Richard Morris, 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.


Signature of Registered Agent

7/2/2021

Date

If signing on behalf of an entity:

James Farese, CAM

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
CR2E045 (04/13)

SECRETARY OF STATE
TALLAHASSEE, FL

2021 JUL -6 PM 8:03

FILED