N96000003349

(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	•
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(Document Number)	
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DIVISION OF CORPORATIONS

TROBOTO SEPI 110 2009

COVER LETTER

TO: Ar Di	mendment Section ivision of Corporations				
SUBJECT	r: HIDDEN LAKES AT MEA	DOW WOODS HOA, Inc. f Corporation			
DOCUMI	ENT NUMBER: NS	96000003349			
The enclos	sed Statement of Change of Registered Of	fice/Agent and fee are submitted for filing.			
Please retu	urn all correspondence concerning this ma	tter to the following:			
		m C. Webb Contact Person			
	DWD Property	Management, Inc. /Company			
1101 Miranda Lane Suite 112 Address					
	Kissimme City/State	ee, FL 34741 e and Zip Code			
	info@dv E-mail address: (to be used fo	wdpm.com or future annual report notification)			
For further	r information concerning this matter, pleas	se call:			
	William C. Webb Name of Contact Person	at (407) 251-2200 Area Code & Daytime Telephone Number			
Enclosed i	is a \$35.00 check made payable to the Dep	partment 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

TO:

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

statement of cha	nge is submitted for a co	rporation organize	507.1508, or 617.1508, Flo d under the laws of the Sta d agent, or both, in the Sta	nte of Florida
1. The name of	the corporation: HIDD	EN LAKES A	T MEADOW WOO	DDS HOMEOWNERS
2. The principal	office address: 1101 M	liranda Lane Su	ite 112	
Kissimme	e, FL 34741	· · · · · · · · · · · · · · · · · · ·		
3. The mailing a	ddress (if different):		·····	
4. Date of incorp	poration/qualification:	06/20/1996	Document number:	N96000003349
	I street address of the cur tment of State: (If resign		at and registered office on t	file with the
	HART, JAMES W	JR c/o SENTRY	MANAGEMENT, IN	<u>C.</u>
	2180 W SR. 434, S	STE 5000		9
	LONGWOOD FL 3	2779-5044 US		99.
6. The name and (if changed):	I street address of the new	w registered agent (i	if changed) and /or register	~ ○ ~ <
, ,	William C. Webb			PH 2: 26
	1101 Miranda Lan			7 2: 26
		P.O. Box NOT ac	ceptable	7
	Kissimmee, FL 347			
The street address changed will	ess of its registered office be identical.	e and the street add	dress of the business offic	ce of its registered agent,
			y its board of directors or led in writing of the chan	
Signatu	re of an officer or director	 -	Sammy Color Printed or typed nar	n, President
Will	the appointment as reg to comply with the prov and I am familiar with an ing filed merely to reflect is been notified in writin wature of Registered Agent	istered agent and a isions of all statute d accept the obliga et a change in the r g of this change.	ngree to act in this capaci is relative to the proper al ition of my position as reg egistered office address, 01 Sep	ity, nd complete performance gistered agent. Or, if this I hereby confirm that the
If signing on be	ehalf of an entity:			
	operty Management	, Inc.		

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