

# N97000004752

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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

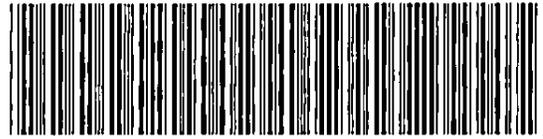
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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07/23/25--01014--006    \*\*35.00

2025 JUL 29 PM 4:27  
Filing Office

FM  
9-15-25

DATE: 06.30.2025  
ASSOCIATION: Haile Forest HOA  
INVOICE#: 62025  
GL CODE: 07440

**CHECK REQUISTION**

CHECK AMOUNT \$35.00

PAY TO VENDOR Amendment Section Division of Corp

ADDRESS PO Box 6327  
CITY / STATE / ZIP Tallahassee, FL 32314

FOR (BUSINESS PURPOSES)

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SPECIAL INSTRUCTIONS

DUE DATE

APPROVED BY

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** HAILE FOREST HOMEOWNERS ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N97000004752

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:

Garry Griffin  
Name of Contact Person  
Bosshardt Property Management  
Firm/Company  
5522 NW 43rd St  
Address  
Gainesville, FL 32653  
City/State and Zip Code

customerservice@bosshardtcam.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Garry Griffin at ( 352 ) 240-2713  
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: HAILE FOREST HOMEOWNERS ASSOCIATION, INC.
- 2. The principal office address: 5522 NW 43rd Street  
Gainesville, FL 32653
- 3. The mailing address (if different): SAME AS ABOVE
- 4. Date of incorporation/qualification: 06/01/2025 Document number: N97000004752

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 Guardian Association Management  
10000 SW 52nd Ave - Links Clubhouse  
GAINESVILLE, FL 32608

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

Bosshardt Property Management  
5522 NW 43rd Street  
Gainesville, FL 33487

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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.

Garry Griffin  
Signature of an officer or director

Garry Griffin  
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.*

Garry Griffin  
Signature of Registered Agent

06/25/2025  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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