N98 000006883

•		
(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Βυ	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	



400037499484

06/14/04--01046--020 **35.00

2004 JUNI LA AMIO: 50

Office Use Only

R.A. Charge 6-17-04

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: HEATHER HILL APPRENTING No. / CONDEMINION ASSOCIATION, INC. (Name of corporation)
DOCUMENT NUMBER: N980000 6883
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:
Jim Rawa wo (Name of person)
(Name of person)
(Name of firm/company)
(Name of firm/company)
POST DEFICE BOX 1156 (Address)
(Address)
DUNEDIN, FC 34697-1157 (City/state and zip code)
For further information concerning this matter, please call:
Tim Range at (727) 734-8451 (Name of person) (Area code & daytime telephone number)
(rited code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399

4.4.4

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

change is submitted		_	•		·	in o	rder
to change its regist	ered office or regis	tered agent, or l	oth, in the State of	of Florida.			
1. The name of the	corporation: H	CATHER HILL	APANTMENTS	No. 1 Cons	eminium i	Associati	Tar, Inc.
2. The principal off	fice address:_ <i>Pas</i>	TAFFICE D	Bex 1156	**************************************	<u> </u>		<u>. 18</u> 125 4 24
, i , i , i , i , i , i , i , i , i , i				7 6		•	
3. The mailing addr	ress (if different):_				<u> </u>		<u>. 12</u> . 얼굴됩니? 전
 			market statement	week and	EC STEE		· 4- 04-15
4. Date of incorpora	ation/qualification:	12/3/1998	Docume	nt number: <u>N9</u>	80000 68	83	يوسوارا ۋە⊹ <u>.م</u>
5. The name and str Florida Departme		current registere	d agent and regist	ered office on file	e with the		÷
	REARI	ON MAUR	EEN C	57 AT 16	<u>.</u>	200	
		0 1		4685	S		The state of the s
<u> </u>		ALM HAR	oph, FL 3	7.685			
The name and str (if changed):	reet address of the	new registered a	gent (if changed)	and /or registered	l office	ST ST	
(ir changea).	e: :	R === 1	T 1	<i>Q</i> 2	Z 2	OR SO	
_				P. A.		-	, <u>a.</u>
		P.O. Box or person	AIN STREET ual mailbox NOT accept	able)		• •	'ar xeedert
			J. FL 346				
The street address.	afita un alatamad at		,				、東内部等でもついい 雑様
The street address of changed will be ide	entical.				_	_	
Such change was a the board, or the co	uthorized by resol progation has been	ution duly adop notified in wri	ted by its board ting of the chang	of directors or by se.	an officer so	authorized	by
A mala	Al Jos	Hos A	Tops. I	DONALDT	Par	TIF	Hes.
	nure of an officer of direc	,		(Printed or ty	yped name and title	,	17.
I hereby accept the I further agree to c duties, and I am fai being filed merely i been notified in wr	appointment as re comply with the promiliar with and ac to reflect a change iting of this chapg	egistered agent ovisions of all si cept the obligat in the registere e.	and agree to act latutes relative to ion of my position and office address,	in this capacity, the proper and n as registered a I hereby confirm	complete perf igent. Or, if to n that the corp	ormance of his documen poration has	my at is
\sim	NA			6	17/20	04	
(Sign	nature of Registered Age	×		<u>. e. li e l'oloma de le</u>	(Date)		
If signing on behalf	f of an entity:						
Kol	er LT	an Kal	1999au	ander v. e. e. de avelle le Ame	in and the second	Sporty v s − en	** ** ********************************
The state of the s	voed or Printed Name)		4 / F 1 7 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		(Canacity)		

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