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(Re	equestor's Name)	
(Ád	dress)	
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		5
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e) .
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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2009 AUG 27 AM IO: 47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendme Division o	nt Section f Corporations	
SUBJECT:	Hawthorne Oaks Homeo	wners Association
	Traine of Co.	polation
DOCUMENT NU	MBER:N990	00001617
The enclosed State	ment of Change of Registered Office/	Agent and fee are submitted for filing.
Please return all co	prespondence concerning this matter t	o the following:
	Spencer S	olomon
	Name of Cont	act Person
	Southwest Proper	ty Managament
	Southwest Propert	
	1 IIIII Con	ipany
	P.O. Box 7	783367
	Addre	ss
	Winter Garden	. FL 34778
	City/State and	Zip Code
	spencerswpm@	vahoo.com
-	E-mail address: (to be used for fut	ure annual report notification)
For further informa	ation concerning this matter, please ca	11:
S	Spencer Solomon	at (407) 656-1081
Naı	ne of Contact Person	at (407) 656-1081 Area Code & Daytime Telephone Number
Enclosed is a \$35.0	00 check made payable to the Departm	ent of State.
	Mailing Address:	Street Address:
	Amendment Section	Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

. 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: Hawthorne Oaks Homeowners Association TAIC
2. The principal office address: 13350 W Colonial Dr. Suite 330 Winter Garden, FL 34787
3. The mailing address (if different): PO BOX 783367 Winter Garden FL 34778
4. Date of incorporation/qualification: 3/10/1999 Document number: N9900001617
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)
Spencer Solomon
14443 Prunning Wood Place
Winter Garden, FL 34787
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Spencer Solomon RG
Spencer Solomon 13350 W Colonial Dr. Suite 330 P.O. Box NOT acceptable
Winter Garden, FL 34787
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.
Allen Spry 8/5/2009 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.
8/5/2009 Signature of Registered Agent Date
If signing on behalf of an entity:
Typed or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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