

No1000002407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

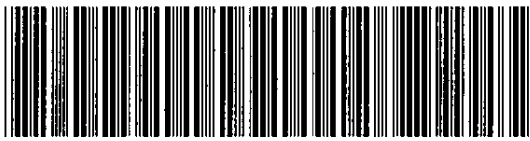
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

R.A.

TB

JAN 27 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SANDY PINES PRESERVE PHASES III & IV HOA
Name of Corporation

DOCUMENT NUMBER: N010000002407

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:

ROBERT BURR
Name of Contact Person

ST. JOHN, CORE & LEMME, PA'S
Firm/Company

1601 FORUM PLACE, STE 701
Address

WEST PALM BEACH, FL 33401
City/State and Zip Code

rburr@stjohn-core.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shelley Houghtby, LCAM at (321) 507.2004
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 20, 2010

ROBERT BURR
ST. JOHN, CORE & LEMME, P.A.
1601 FORUM PLACE STE 701
W PALM BEACH, FL 33401

SUBJECT: SANDY PINES PRESERVE PHASES THREE AND FOUR
HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N01000002407

We have received your document for SANDY PINES PRESERVE PHASES
THREE AND FOUR HOMEOWNERS ASSOCIATION, INC. and your check(s)
totaling \$35.00. However, the enclosed document has not been filed and is being
returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your
document accordingly.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call
(850) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 810A00001486

RECEIVED
10 JAN 20 10 18:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Please see corrected change
Registered Agent FORM
Attached.

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: SANDY PINES PRESERVE PHASES THREE AND FOUR
- 2. The principal office address: 2276 SPRING CREEK CIRCLE NE, PALM BAY, FL 32905 HOMEOWNERS ASSOCIATION, INC.!
- 3. The mailing address (if different): PO BOX 120096, MELBOURNE, FL 32912
- 4. Date of incorporation/qualification: 4/5/2001 Document number: NO1000002407

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)

JAY STEVEN LEVINE ATTORNEYS, PA
2500 N MILITARY TRAIL STE 283
BOCA RATON, FL 33431

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

ST. JOHN, CORE & LEMME, PA'S
1601 FORUM PLACE, STE 701
P.O. Box NOT acceptable
WEST PALM BEACH, FL 33401

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TALLAHASSEE, FLORIDA

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.

Melissa Springer
Signature of an officer or director

MELISSA SPRINGER, 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.

Robert B. Burr
Signature of Registered Agent

12-31-2009
Date

If signing on behalf of an entity: ROBERT B. BURR, ESQ.
St. John, Love + Lemme, P.A.

SHELLEY G. HOUGHTBY, LCAM
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