

N03570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

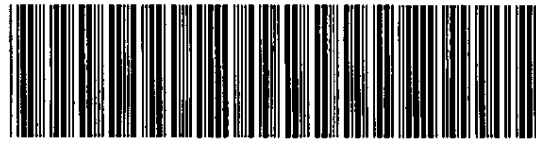
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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R.A. Chang

12-30-13

DC

SECRETARY OF STATE
MICHIGAN
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LAKE POINT HOMEOWNERS ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N03570

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:

David Hoffman

Name of Contact Person

Omega Community Management, Inc.

Firm/Company

3270 Suntree Boulevard, Suite 216

Address

Melbourne, Florida 32940

City/State and Zip Code

dhoffman@omegacommunitymanagement.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David Hoffman

Name of Contact Person

at (**321**) **757-7902**

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

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 Brevard in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LAKE POINT HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 3270 SUNTREE BOULEVARD, SUITE 216
MELBOURNE, FLORIDA 32940
3. The mailing address (if different): 3270 SUNTREE BOULEVARD, SUITE 216
MELBOURNE, FLORIDA 32940
4. Date of incorporation/qualification: 06/11/1984 Document number: N03570
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)

STEWART, FRANCES M

6939 N WICKHAM ROAD

MELBOURNE, FL 32940

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

OMEGA COMMUNITY MANAGEMENT, INC.

3270 SUNTREE BOULEVARD, SUITE 216

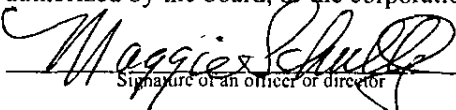
P.O. Box NOT acceptable

MELBOURNE, FLORIDA 32940

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SECRETARY OF STATE
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.

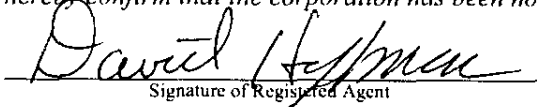
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

MAGGIE SCHULTZ / 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.


Signature of Registered Agent

11-22-2013

Date

If signing on behalf of an entity:

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