

N10469

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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*R.A. Charge*

C.COULLETTE

APR 13 2011

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Eastbrook HOA  
Name of Corporation

**DOCUMENT NUMBER:** N104109

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:

Kirk Bliss  
Name of Contact Person

Community Management Concepts, Inc  
Firm/Company

4585 140th Ave North Suite 1012  
Address

Clearwater FL 337162  
City/State and Zip Code

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

For further information concerning this matter, please call:

Kirk Bliss at 727, 535-2424  
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

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: Eastbrook Homeowners' Association, Inc.

2. The principal office address: 2870 Scherer Drive North #100 Saint Petersburg, FL 33716

3. The mailing address (if different):

4. Date of incorporation/qualification: 7/30/1985 Document number: N10469

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)

Ron Cotterill
1010 N. Florida Ave
Tampa FL 33602

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

Community Management Concepts, Inc.
4585 140th Ave North Suite 1012
P.O. Box NOT acceptable
Clearwater, FL 33762

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

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

Date 4/6/11

If signing on behalf of an entity:

Typed or Printed Name

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