

N44212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

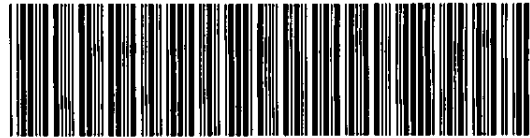
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600272754496

05/18/15--01016--012 \*\*35.00

51100  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2015 JUN 22 PM 4:00

RALPH ROCHS

JUN 22 2015

I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** EGRET POINT HOMEOWNERS ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N44212

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:

**DENNIS GRIGSBY**

Name of Contact Person

**CMC MANAGEMENT**

Firm/Company

**2950 JOG ROAD**

Address

**GREENACRES, FL 33467**

City/State and Zip Code

**DENNIS@CMCMANAGEMENT.BIZ**

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

For further information concerning this matter, please call:

**PATTY DELEON**

Name of Contact Person

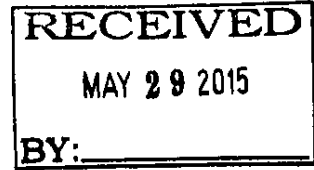
at ( **561** ) **641-1016**

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

May 21, 2015

DENNIS GRIGSBY  
CMC MANAGEMENT  
2950 JOG RD  
GREEN ACRES, FL 33467

SUBJECT: EGRET POINT HOMEOWNERS' ASSOCIATION, INC.  
Ref. Number: N44212

We have received your document for EGRET POINT 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 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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 615A00010807

RECEIVED  
15 JUN 22 PM 12:27  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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

1. The name of the corporation: EGRET POINT HOMEOWNERS ASSOCIATION, INC.

2. The principal office address: 2950 JOG ROAD GREENACRES, FLORIDA 33467

3. The mailing address (if different):

4. Date of incorporation/qualification: 07/01/1991 Document number: N44212

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)

ST JOHN, ROSSIN, BURR & LEMME, ESQ
1601 FORUM PLACE
WEST PALM BEACH, FL 33401

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

DICKER, KRIVOK & STOLOFF PA
1818 AUSTRALIAN AVE SUITE 400
WEST PALM BEACH, FL 33409

P.O. Box NOT acceptable

RECEIVED JUN 22 PM 4:00
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

Eduardo Romero
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.

Edward Dicker
Signature of Registered Agent

6/4/15
Date

If signing on behalf of an entity:

Edward Dicker
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