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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Emerald Pointe Homeowners Association of Brevard, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N95000003272

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  
Firm/Company

7145 Turner Road Suite 101  
Address

Rockledge, Florida 32955  
City/State and Zip Code

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

For further information concerning this matter, please call:

David Hoffman at ( 321 ) 757-7902  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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