

N00000001624

(Requestor's Name)

(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/A Chg.
W/m
2/27/04

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Regal Pointe Homeowners Association, INC.
(Name of corporation)

DOCUMENT NUMBER: N00000001624

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:

SUE CARPENTER

(Name of person)
COMMUNITY MANAGEMENT
PROFESSIONALS INC
6401 KIRKMAN RD STE 475
ORLANDO, FL 32819

(Address)

(City/state and zip code)

For further information concerning this matter, please call:

SUE CARPENTER at (407) 903-9969 #105
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 17, 2004

SUE CARPENTER
COMMUNITY MANAGEMENT PROFESSIONALS INC
5401 KIRKMAN RD., STE. ~~475~~ 450
ORLANDO, FL 32819

SUBJECT: REGAL POINTE HOMEOWNERS' ASSOCIATION, INC.
Ref. Number: N00000001624

We have received your document for REGAL POINTE 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) 245-6027.

Michelle Milligan
Document Specialist

Letter Number: 904A00010665

RECEIVED
04 FEB 26 AM 8:11
DIVISION OF CORPORATIONS

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.

- The name of the corporation: REGAL PONTIC HOMEOWNERS ASSOCIATION, INC.
- The principal office address: COMMUNITY MANAGEMENT PROFESSIONALS INC
5401 KIRKMAN RD STE 475
ORLANDO, FL 32819
- The mailing address (if different): _____
- Date of incorporation/qualification: 2/16/2000 Document number: N00000001624

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

JAMES R. PRATT
369 NO. NEW YORK AVENUE
WINTER PARK, FL 32790

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

COMMUNITY MANAGEMENT PROFESSIONALS INC
5401 KIRKMAN RD STE 450 450
ORLANDO, FL 32819

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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]
(Signature of an officer, chairman or vice chairman of the board)

FRANCIS McEACHRON (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]
(Signature of Registered Agent)

2-23-04
(Date)

If signing on behalf of an entity:
SUE CARPENTER
(Typed or Printed Name)

PRESIDENT
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314