

N0000000002688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

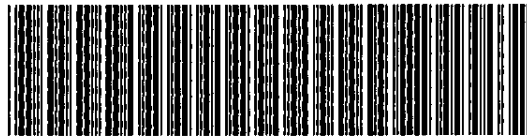
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Corrected document
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PA Body

FILED
11 SEP 12 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TR 9-13-11



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 2, 2011

SHELLEY HOUGHTBY
BELLA VITA PROPERTY MANAGEMENT, INC.
PO BOX 120096
MELBOURNE, FL 32912

SUBJECT: STRATFORD POINTE HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N00000002688

We have received your document for STRATFORD 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Complete block #4. Also, Shelley Houghtby must sign document in the space provided on the form.

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) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 711A00020527

RECEIVED

11 SEP 12 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Stratford Pointe Homeowners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N00000002688

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:

Shelley Houghtby
Name of Contact Person

Bella Vita Property Management, Inc.
Firm/Company

PO Box 120096
Address

Melbourne, FL 32912
City/State and Zip Code

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

For further information concerning this matter, please call:

Shelley Houghtby at (321) 327-7971
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: Stratford Pointe Homeowners Association, Inc.
2. The principal office address: c/o Bella Vita Property Management, 2615 Aristocrat Dr
PO Box 120096, Melbourne, FL 32912 Melbourne, FL 32901
3. The mailing address (if different): ↓

4. Date of incorporation/qualification: 4/18/2000 Document number: N00000002688

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)

Vesta Property Services, Inc.
1021 Oak Street
Jacksonville, FL 32204 (terminated contract)

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

Bella Vita Property Management
2615 Aristocrat Drive
Melbourne, FL 32901

P.O. Box NOT acceptable

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.

Shelley Houghtby
Signature of an officer or director

Shelley Houghtby, President/Owner
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.

Shelley Houghtby
Signature of Registered Agent

August 29, 2011
Date

If signing on behalf of an entity:

Shelley Houghtby
Typed or Printed Name

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