

735970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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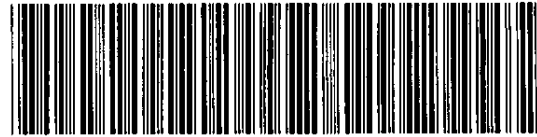
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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Eastpointe Home Owners' Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 735970

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:

Peter C. Mollengarden, Esq.

Name of Contact Person

Rosenbaum Mollengarden PLLC

Firm/Company

250 Australian Avenue South, Suite 500

Address

West Palm Beach, FL 33401

City/State and Zip Code

pmollengarden@r-mlaw.com

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

For further information concerning this matter, please call:

Peter C. Mollengarden, Esq. at ( 561 ) 653-2900

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

**ROSENBAUM MOLLENGÅRDEN PLLC**

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ATTORNEYS AT LAW

February 28, 2013

**VIA REGULAR MAIL**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: Statement of Change of Registered Agent; Eastpointe Home Owners'  
Association, Inc.**

Dear Sir/Madam:

This Firm represents Eastpointe Home Owners' Association, Inc. Enclosed please find a Cover Letter, Statement of Change of Registered Office or Registered Agent or Both for Corporations and check in the amount of \$35.00 payable to the Florida Department of State for filing.

Please contact our office if you have any questions or need anything further.

Very truly yours,



**Peter C. Mollengarden**  
For the Firm

PCM/nnt  
22R1492

**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: Eastpointe Home Owners' Association, Inc.
2. The principal office address: 13560 Eastpointe Boulevard, Palm Beach Gardens, FL 33418
3. The mailing address (if different): c/o Seacrest Services, Inc.  
2400 Centre Park W. Drive, #175, West Palm Beach, FL 33409
4. Date of incorporation/qualification: 6/1/1976 Document number: 735970
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)

Summer Jasser, Property Manager

13560 Eastpointe Boulevard

Palm Beach Gardens, FL 33418

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

Peter C. Mollengarden, Esq.

250 Australian Avenue South, Suite 500

P.O. Box NOT acceptable

West Palm Beach, FL 33401

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.

Gail E. Eder  
Signature of an officer or director

Gail E. Eder  
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

2/15/13  
Date

If signing on behalf of an entity:

Peter C. Mollengarden, Esq.

Typed or Printed Name

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