

NO20000008904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

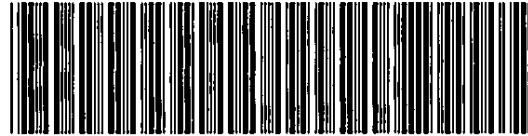
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600215639806

01/03/12--01011--018 \*\*35.00

PA to 2/3

FILED  
12 JAN 23 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 6, 2012

DESIREE LINDAHL  
SOUNDVIEW PROPERTY MANAGEMENT  
2095 INDIAN RIVER BLVD  
VERO BEACH, FL 32960

SUBJECT: THE ESTATES AT WINDY PINES HOMEOWNER'S ASSOCIATION,  
INC.  
Ref. Number: N02000008904

We have received your document for THE ESTATES AT WINDY PINES HOMEOWNER'S 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) 245-6892.

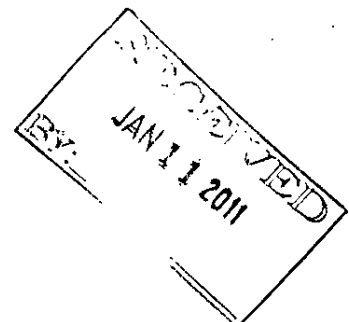
Tina Roberts  
Regulatory Specialist II

Letter Number: 612A00000409

RECEIVED

12 JAN 23 AM 8:48

TALLAHASSEE, FLORIDA



## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** THE ESTATES AT WINDY PINES HOMEOWNERS ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N02000008904

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:

DESIREE LINDAHL

Name of Contact Person

SOUNDVIEW PROPERTY MANAGEMENT

Firm/Company

2095 INDIAN RIVER BLVD.

Address

VERO BEACH, FL 32960

City/State and Zip Code

DESIREE@SOUNDVIEWMGT.COM

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

For further information concerning this matter, please call:

DESIREE LINDAHL

Name of Contact Person

at ( 772 ) 234-3005

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: THE ESTATES AT WINDY PIPES HOMEOWNER'S ASSOCIATION, INC.
2. The principal office address: C/O SOUNDVIEW PROPERTY MANAGEMENT  
2095 INDIAN RIVER BLVD. VERO BEACH, FL 32960
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/14/2002 Document number: N02000008904
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)

GEM PROPERTY ENTERPRISES, LLC

1640 N 42ND CIRCLE #204

VERO BEACH FL 32967 US

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

PAUL PALESRINI

2095 INDIAN RIVER BLVD

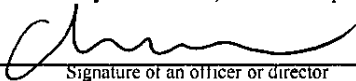
P.O. Box NOT acceptable

VERO BEACH, FL 32960

FILED  
12 JAN 23 PM 3:30  
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 of an officer or director

STEPHEN HEALY AAE  
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 of Registered Agent

1/14/12  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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  
CR2E045 (8/05)