

N03000007748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

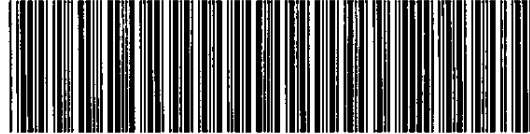
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800288269588

07/28/16--01029--015 **35.00

FILED

2016 AUG 12 PM 5:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/23/16

COVER LETTER

TO: Amendment Section
Division of Corporations

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

DOCUMENT NUMBER: NO3000007748

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 SWAGER
Name of Contact Person

Firm/Company

P.O. Box 732
Address

MULBERRY, FL 33860
City/State and Zip Code

dswager0206@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID SWAGER at (863) 944-1458
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 5, 2016

DAVID SWAGER
P.O. BOX 732
MULBERRY, FL 33860

SUBJECT: SUMMER POINTE HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N03000007748

We have received your document for SUMMER 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):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6050.

Carol Mustain
Regulatory Specialist II

Letter Number: 716A00016553

**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.

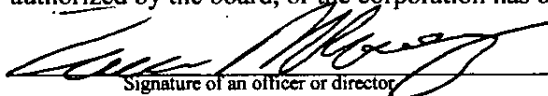
1. The name of the corporation: SUMMER POINTE HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 2835 DEERBROOK DRIVE
LAKELAND, FL 33811
3. The mailing address (if different): P.O. BOX 732
MULBERRY, FL 33860
4. Date of incorporation/qualification: 8/18/2003 Document number: NO3000007748
5. 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)
BRAD JACKSON (RESIGNED)
1216 SUMMER POINTE LANE P.O. BOX
STEINHATCHEE, FL 32359

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


DAVID SWAGER
2835 DEERBROOK DRIVE
P.O. Box NOT acceptable
LAKELAND, FL 33811

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.

 TOM MOWRY (PRESIDENT) 7/27/16
Signature of an officer or director 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.

 7/27/16
Signature of Registered Agent Date

If signing on behalf of an entity:

Typed or Printed Name

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