N0400002058

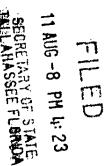
(Re	questor's Name)			
(Address)				
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(Cit	ty/State/Zip/Phone	÷#)		
PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: NEPTUNE	POINTE HOMEO	WNERS' ASSC	CIATION	
	Name of C	Corporation		
DOCUMENT NUMBER: NO		000002058	00002058	
The enclosed Statement of C	hange of Registered Offic	e/Agent and fee are so	ubmitted for filing.	
Please return all corresponde	nce concerning this matte	r to the following:		
	PATTI Name of Co	HOFF ntact Person		
GREYS	TONE MANAGEMEN Firm/Co	NT COMPANY OF	CENTRAL.	
1	101 N. LAKE DESTIN Add	NY ROAD, SUITE	125	
	MAITLAND, FL City/State ar	ORIDA 32751 nd Zip Code		
E-mail ac	phoff@greystor ddress: (to be used for fi	ne-mgmt.com uture annual report	notification)	
For further information conce	rning this matter, please c	eall:		
PATTI		_ at (407)	645-4945 X106 Daytime Telephone Number	
Name of Cont	act Person	Area Code & I	Daytime Telephone Number	
Enclosed is a \$35.00 check m	ade payable to the Depart	ment of State.		
Divi: P.O.	ing Address: ndment Section sion of Corporations Box 6327 hassee, FL 32314	Clifton Bu	f Corporations	

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	nge is submitted for a co	rporation organized	07.1508, or 617.1508, Flo lunder the laws of the Stat lagent, or both, in the State	e of FLORIDA	
1. The name of the	he corporation: NEPT	UNE POINTE	HOMEOWNERS	'ASSOCIATION, INC.	<u>.</u>
	office address: 1001 N O, FLORIDA 32751		Y ROAD, SUITE 125		-
3. The mailing ac	ddress (if different):				-
4. Date of incorp	oration/qualification:	02/23/2004	_ Document number:	N0400002058	- -
	street address of the curr ment of State: (If resigne		and registered office on fi	ile with the	
	JANICE C. ARMST	RONG		<u>.</u>	
	1001 N. LAKE DES	STINY ROAD, S	UITE 125		
	MAITLAND, FLOR	DA 32751			
6. The name and (if changed):	street address of the new	registered agent (it	changed) and /or registere	AUG -8 PH 4: CHANASSEE FLA	トニュコ
		P,O Box NOT acc	eptable	23	
The street address as changed will	ss of its registered office be identical.	e and the street add	ress of the business office	e of its registered agent,	
	s authorized by esolutie board, or the corporat		its board of directors or led in writing of the chang		
77	e of an officer or director	-	JANICE C. AR Printed or typed name	MSTRONG e and title	
I hereby accept i Ujurther agree to of my duties, and document is bein corporation has	the appointment as regi o comply with the provi d I am familiar with and ng filed merely to reflect been notified in writing	stered agent and a sions of all statutes I accept the obligat t a change in the re of this change.	gree to act in this capacity relative to the proper an ion of my position as regi gistered office address, I	y. d complete performance istered agent. Or, if this hereby confirm that the	
			8/4/20	11	
Sign If signing on bel	nature of Registered Agent		Date		
NEPTUNE P	OINTE HOMEOWN ped or Printed Name	IERS' A			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

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