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(Re	questor's Name)				
(Address)					
(Ad	dress)				
(Cit	ty/State/Zip/Phon	e #)			
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(Bu	siness Entity Nar	ne)			
(Document Number)					
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SECRETARY OF STAIL

COVER LETTER

TO:		ment Section n of Corpora						
SUBJE	CT:	Harbor	Pointe	Condomin Name of Co		ssociation,	Ince	
DOCU	MENT:	NUMBER:_	N04(00005366				
The end	closed St	tatement of C	hange of Re	gistered Office	e/Agent a	and fee are submitte	ed for filing.	
			_	ing this matter	·		S	
						-		
			Irene	Creecy Name of Con				
		-		Name of Con	ntact Pers	son		
			Harbo	r Pointe	Assn			
				Firm/Co	mpany			
			_					
		`	7 Indi	an River:		1206		
				Addr	ress			
		•	Titusv	ille FT.	3270	16		
	Titusville, FL 32796 City/State and Zip Code							
		E-mail a	ddress: (to	be used for fu	iture ani	nual report notific	ation)	
						-		
For furtl	her infor	mation conce	erning this m	atter, please ca	all:			
Ir	ene (Creecy			at (3	21) 607	-6045	
	1	Name of Cont	act Person	<u></u>	Ar	ea Code & Daytim	-6045 e Telephone Number	
Enclosed	d is a \$ <u>3</u>	5.00 check m	ade payable	to the Departn	ment of S	tate.		
		Ame Divi P.O.	ing Address indment Sec sion of Cor Box 6327 hassee, FL	ction porations		Street Address: Amendment Sect Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle	

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

statement of cha	nge is submitted for	r a corporation orga	nized under the la	517.1508, Florida Statute tws of the State of $\frac{F1}{}$ th, in the State of Florida	orida
1. The name of t	he corporation:	Harbor Poi	nte Condom:	inium Associat	ion, Inc
2. The principal	office address:	7 Indian	River Ave	#1206,	
		Titusvillo	=	96	
4. Date of incorp	oration/qualificatio	n: <u>5/27/20</u> 0	04 Document	number: <u>H0400011</u>	1899 3
		e current registered a esigned, enter resign		ed office on file with the	
	Vesta	Property Se	ervices Inc	2	
	1021	Oak St			1 SE
	Jack	sonville, FI	32204		MISION OF CO
6. The name and (if changed):	street address of the	e new registered age	nt (if changed) an	d /or registered office	F CORPOR
	Leland	d Management	Inc		AMIO: 50
	6972 L	ake Gloria B P.O Box NO			0 5
	Orlando	, FL 32809-	3200		
The street addres as changed will	ss of its registered be identical.	office and the street	address of the bu	usiness office of its regis	stered agent,
Such change was	s authorized by res e board, or the corp	olution duly adopte poration has been no	d by its board of otified in writing	directors or by an office of the change.	er so
Signature	of an officer or director			Creecy ted or typed name and little	
I hereby accept to I further agree to of my duties, and document is bein corporation has	he appointment as o comply with the p I I am familiar with ng filed merely to re been notified in wr	registered agent ar provisions of all stat and accept the oble effect a change in the itting of this change	nd agree to act in tutes relative to th ligation of my pos the registered offic	this capacity. he proper and complete sition as registered agen se address, I hereby con	performance it. Or, if this firm that the
Sign	audre of Registered Agent			5/16/11	
f signing on beh	, -			; Duit	
		1 Monagement			

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

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314