

ND5000004169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

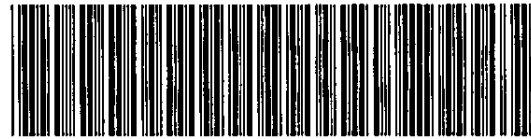
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA  
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22 7/24

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Lake Thomas Point Estates Property Owners Association, Inc.  
Name of Corporation

DOCUMENT NUMBER: NO5000004169

The enclosed ~~Articles of Incorporation~~ and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Tillotson  
Name of Contact Person

Melrose Management Partnership  
Firm/Company

3527 Palm Harbor Blvd.  
Address

Palm Harbor FL 34683  
City/State and Zip Code

mtillotson@melrosemangement.com  
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Tillotson at ( 813 ) 854-5033  
Name of Contact Person      Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                              |                                                                                     |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35.00 Filing Fee       | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status                 |
| <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy |

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Lake Thomas Point Estates Property Owners Association Inc.
2. The principal office address: 3527 Palm Harbor Blvd, Palm Harbor  
FL 34683
3. The mailing address (if different): (Same as above.)
4. Date of incorporation/qualification: 4/21/2005 Document number: NO50000004169
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)

NRAI Services Inc  
1200 South Pine Island Road  
Plantation FL 33324

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

Jack B. Hanson  
3527 Palm Harbor Blvd  
P.O. Box NOT acceptable  
Palm Harbor FL 34683

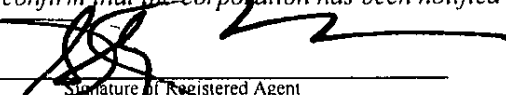
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.


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.

 Byron Whitman VP  
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.*

 7/9/13  
Signature of Registered Agent Date

If signing on behalf of an entity:

  
Typed or Printed Name

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