

N05000011687

(Requestor's Name)

(Address)

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(Business Entity Name)

(Document Number)

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APR 16 2022

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Historic Point Washington Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** NO5000011687

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:

Arix Zalace  
Name of Contact Person

Firm/Company

169 Camellia Cove  
Address

Santa Rosa beach, FL 32459  
City/State and Zip Code

azalace@earthlink.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arix Zalace at ( 850 ) 855-9641  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Historic Point Washington Association, Inc.  
2. The principal office address: 126 Gilmore Rd, Point Washington, FL  
32459

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 1/20/2008 Document number: N05000011687

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)  
Crawford, Margaret  
69 School Rd. Point Washington  
Santa Rosa Beach, FL 32459

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Arix Zalace  
69 Camellia Cove  
P.O. Box NOT acceptable  
Santa Rosa Beach, FL 32459

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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.

Linda Z. Delahoussaye  
Signature of an officer or director

Linda Z. Delahoussaye - Treasurer  
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.*

Arix Zalace  
Signature of Registered Agent

3/16/2022  
Date

If signing on behalf of an entity:  
\_\_\_\_\_  
Typed or Printed Name

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