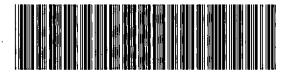
N06000009855

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
:					





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10,25,10-01027-002 **35.00

A CO LA SECRETARIO STATE PLORIDI

TO CT 25 2010

COVER LETTER

SUBJECT: Walden Pointe Homeowners Association, Inc.						
	Name of	Corporation				
DOCUMENT NU	MBER:NO	6000009855				
The enclosed State	ment of Change of Registered Of	ice/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matter to the following:						
	Gail M	Popovich Contact Person				
	Name of C	Contact Person				
Sunrise Homes Inc.						
Firm/Company						
	3658 Erindale Drive Address					
	Ac	iuiess				
	Valrico	FI 33596				
Valrico, FL 33596 City/State and Zip Code						
	apopovich@sunri	sehomescorp.com				
-	gpopovich@sunrisehomescorp.com E-mail address: (to be used for future annual report notification)					
For further informa	tion concerning this matter, please	call:				
C	Sail M. Popovich	at (813) 681-8419 x113				
	ne of Contact Person	at (<u>813</u>) <u>681-8419 x113</u> Area Code & Daytime Telephone Number				
Enclosed is a \$35.0	0 check made payable to the Depa	rtment of State				
	o one or made payable to the Bepa	Table of State.				
	Mailing Address: Amendment Section	Street Address: Amendment Section				
-						
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

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

statement of cha	mge is submitted for a co	poration organiz	607.1508, or 617.1508, Flo ed under the laws of the Sta ed agent, or both, in the Stat	te of Florida
1. The name of t		n Pointe Ho	meowners Associa	
3. The mailing a	ddress (if different): San	ne		
4. Date of incorp	poration/qualification:	09/19/06	Document number:	N06000009855
	d street address of the curr timent of State: (If resigne		ent and registered office on f	ile with the
	Corporation Service	e Company		- 1
	1201 Hays Street			,
	Tallahassee, FL 32	2301		
6. The name and (if changed):		registered agent	(if changed) and /or register	ed office Co.
•	Gail M. Popovich			- Sec. 24.
	3658 Erindale Drive	P.O. Box NOT a	ccentable	
	Valrico, FL 33596			
The street addre	ess of its registered office be identical.	e and the street ac	ddress of the business offic	e of its registered agent,
Such change wa authorized by u	as authorized by resolution board, or the corporat	on duly adopted lion has been noti	by its board of directors or fied in writing of the chang	by an officer so ge.
ng matur	re of a forthcer or director		Robert Appleya Printed or typed nan	ne and title
I hereby adcept I further agree of my duties, an document is bei corporation has	the appointment as regi- to comply with the provi- id I am familiar with and ing filed merely to reflect s been notified in writing	stered agent and sions of all statut l accept the oblig l a change in the l of this change.	agree to act in this capacions es relative to the proper an ation of my position as reg registered office address, i	ty. id complete performance istered agent. Or, if this hereby confirm that the
Qui	nature of Registered Agent		10/19,	/10
· ·	chalf of an entity:		Date	
Ť	vped or Printed Name			

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