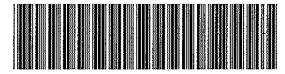
N/3818

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

Office Use Only



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Mcharge That 08/16/06-01021-025 **35.00

COVER LETTER

TO: Amendment Son Division of Co							
SUBJECT:	Sarasota Eastpointe Homeown	ners Association, Inc.					
	(Name of co	orporation)					
DOCUMENT NUMB	BER: N13818		_				
The enclosed Statemen	nt of Change of Registered Office	/Agent and fee are submitted for	filing.				
Please return all corres	pondence concerning this matter	to the following:					
	Jim Mari		_				
	(Name of con	tact person)					
Progressive Community Management, Inc.							
	(Firm/Con	mpany)					
	1801 Glen	gary Street					
(Address)							
Sarasota, FL 34231 (City/state and zip code)							
	` •	• •					
For further information	n concerning this matter, please ca	all:					
J	Jim Markel	at (941) 921-5393					
(Name	of contact person)	_at (<u>941</u>) 921-5393 (Area code & daytime teler	hone number)				
Enclosed is a \$35.00 ch	heck made payable to the Departr	ment of State.					
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	3				

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

statement of chan	ge is submitted fo	or a corporation	7.0502, 607.1508, or 6. organized under the lav registered agent, or both	vs of the State of $_$	Florida		
1. The name of th	e cornoration	Sarasota Easi	pointe Homeowners A	ssociation, Inc.	• •		
The principal office address: 1801 Glengary Street							
		Sarasota, FL	34231				
3. The mailing ad	dress (if different):					
4. Date of incorpo	oration/qualificat	ion: 03/13/86	Document r	number: N13818			
5. The name and Florida Depart		he current regist	ered agent and registere	d office on file with	h the		
	Ma-Con,	Inc.					
	2198 Princeton Street, Ste. 20						
•	Sarasota	, FL 34237			SE TO		
6. The name and (if changed):		-	d agent (if changed) and	-	TO BE TO STATE OF STA		
	}	rogressive Con	munity Management, I	inc.	- 劉 35		
		(P.O. Box NOT acc			7# - 11 × a ± -		
		Sarasota,	FL 34231		_		
The street addres	ss of its registere be identical.	d office and the	street address of the bu	siness office of its	s registered agent,		
			dopted by its board of een notified in writing				
A) III	e of an officer or direc	ton		n, Assistant Treas			
I hereby accept to I further agree to of my duties, and document is being corporation has	he appointment o comply with the I I am familiar w ng filed merely to been notified in	as registered ag e provisions of a ith and accept to reflect a chang writing of this c	ent and agree to act in ll statutes relative to the he obligation of my pos e in the registered offic hange.	this capacity, he proper and com sition as registered he address, I hereb	plete performance d agent. Or, if this ny confirm that the		
	market			8/14/08			
If signing on bel	nature of Registered Appendix of an entity:	gent)		(Date)			
.lim	Markel						
	ped or Printed Name)		e e e e e e e e e e e e e e e e e e e				

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