

N13818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

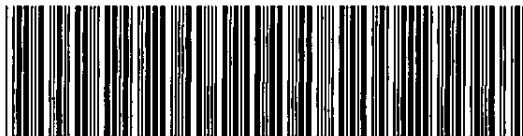
(Document Number)

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CLERK OF SUPERIOR COURT
COUNTY OF LOS ANGELES
COURT CLERK'S OFFICE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 13, 2008

ARGUS PROPERTU MANAGEMENT, INC.
2477 STICKNEY POINT RD #118A
SARASOTA, FL 34231

SUBJECT: SARASOTA EASTPOINTE HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N13818

We have received your document for SARASOTA EASTPOINTE HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete blocks 2, 3 and 4.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 608A00053505

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 OCT 22 AM 8:00

RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sarasota Eastpointe Homeowners Association, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N13818

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:

(Name of Contact Person)

ARGUS PROPERTY MANAGEMENT, INC.
2477 STICKNEY POINT RD., #118A
SARASOTA, FLORIDA 34231

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person) at (_____) _____
(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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Account 7230

Pay \$ 35.00

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

1. The name of the corporation: Sarasota Eastpointe Homeowners Association, Inc.
2. The principal office address: 2477 STICKNEY POINT RD.
SARASOTA, FL 34231
3. The mailing address (if different): _____
4. Date of incorporation/qualification: MAR 15 1986 Document number: N13818
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Progressive Community Management, Inc.

1801 Glengary Street

Sarasota, FL 34231

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

ARGUS PROPERTY MGMT.

2477 STICKNEY POINT RD. #118A
(P.O. Box NOT acceptable)

SARASOTA, FL 34231

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.

Sharyn L. Brodnax
(Signature of an officer or director)

SHARYN L. Brodnax President
(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.

Deborah Gifford
(Signature of Registered Agent)

10-1-08
(Date)

If signing on behalf of an entity:

Deborah Gifford
(Typed or Printed Name)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED
08 OCT 22 PM 4:02
DIVISION OF STATE
CORPORATIONS