N17539

(Re	equestor's Name)	
(Ad	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(В	usiness Entity Na	me)
(Di	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Eagle Point Homeowners, Inc.

Name of Corporation

DOCUMENT NUMBER: N17539

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:

Susan J Williamson

Name of Contact Person

Eagle Point Homeowners, Inc.

Firm/Company

10303 Burnt Store Road → OFFICE

Address

Punta Gorda, FL 33950

City/State and Zip Code

eaglepointmhp@live.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David J Churchill

, 440 477-7032

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 28, 2018

SUSAN J. WILLIAMSON EAGLE POINT HOMEOWNERS, INC. 10303 BURNT STORE ROAD PUNTA GORDA, FL 33950

SUBJECT: EAGLE POINT HOMEOWNERS, INC.

Ref. Number: N17539

We have received your document for EAGLE POINT HOMEOWNERS, 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

You failed to list the date of incorporation in part 4 of the form.

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) 245-6050.

Irene Albritton Regulatory Specialist II

HECEIVE

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SECRETARY OF S
ALLAHASSEE, FI

Letter Number: 318A00006296

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

in orde	ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Eagle Point Homeowners, Inc.
	office address: 10303 Burnt Store Road, OFFICE
	address (if different):
4. Date of incom	poration/qualification: 10/27/1996 Document number: N17539
5. The name an	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Susan Williamson
	4728 Orange Grove Blvd., #12 North Fort Myers, FL 33903
	North Fort Myers, FL 33903
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Susan J Williamson
	4728 Orange Grove Blvd., #12
	North Fort Myers, FL 33903
The street addr as changed wil	ess of its registered office and the street address of the business office of its registered agent, I be identical.
Such change wauthorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Jany	Abushill DAVID J. CHURCHILL, PRESIDENT Printed or typed name and title
I hereby accept I further agree performance o agent. Or, if the hereby confirm	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete f my duties, and I am familiar with and accept the obligation of my position as registered sis document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change.
Suster	gnaturo of Registered Agent Opril 5, 2018
If signing on be	ehalf of an entity:
-	Typed or Printed Name

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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