

N17539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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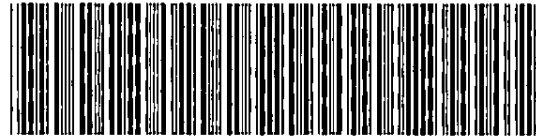
(Business Entity Name)

(Document Number)

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FEB 28 2019
T. LEMUEUX

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:

Jasmine Freking
Name of Contact Person
Eagle Point Homeowners, Inc.
Firm/Company
10303 Burnt Store Road
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 at (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

**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: Eagle Point Homeowners, Inc.
2. The principal office address: 10303 Burnt Store Rd - OFFICE
Punta Gorda, FL 33950
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/27/1986 Document number: N17539

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)

Susan J Williamson - Resigned

4728 Orange Grove Blvd. #12

North Fort Myers, FL 33903

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

Jasmine Freking

664 Hartford Drive NW

P.O. Box NOT acceptable

Port Charlotte, FL 33952

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.

David T. Churchill
Signature of an officer or director

DAVID T. CHURCHILL
Printed or typed name and title **PRESIDENT**

I hereby accept the appointment as registered agent and agree to act in this capacity 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.

[Signature]
Signature of Registered Agent

2-11-19
Date

If signing on behalf of an entity:

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