

N30419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

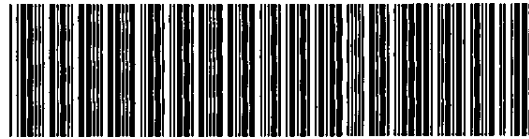
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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Trevino*

*1-6-12*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Huntington Pointe I Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N30419

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:

Aimee Kirlan  
Name of Contact Person

Continental Group  
Firm/Company

6251 N. Oriole Blvd.  
Address

Delray Beach, FL 33484  
City/State and Zip Code

AKirlan@tcgmgt.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aimee Kirlan at (561) 496-3801  
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: Huntington Pointe I Association, Inc.

2. The principal office address: 6251 N. Oriole Blvd.  
Delray Beach, FL 33484

3. The mailing address (if different): c/o The Continental Group  
6300 Park of Commerce Blvd. Boca Raton, FL 33487

4. Date of incorporation/qualification: 1/30/89 Document number: N30419

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)

Becker and Poliakoff  
625 N. Flagler Drive, 7<sup>th</sup> Floor  
West Palm Beach, FL 33401

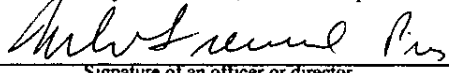
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Sachs, Sax Caplan, P.C.  
6111 Broken Sound Parkway NW, Suite 200  
P.O. Box NOT acceptable  
Boca Raton, FL 33487

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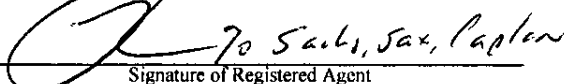
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

X   
Signature of an officer or director

MELVIN FREUND Pres.  
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.*

  
Signature of Registered Agent

12/28/11  
Date

If signing on behalf of an entity:  
Louis Caplan  
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