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## **COVER LETTER**

Division of Corporations HUNTINGTON POINTE I ASSOCIATION, INC. SUBJECT: Name of Corporation N30419 DOCUMENT NUMBER:\_\_\_\_ 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: DANIEL WASSERSTEIN Name of Contact Person WASSERSTEIN, P.A. Firm/Company 6501 CONGRESS AVENUE, SUITE 100 Address BOCA RATON, FL 33496 City/State and Zip Code danw@wassersteinpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: DANIEL WASSERSTEIN Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: Street Address: Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 , Clifton Building 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301

TO:

Amendment Section

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

statement of char	ige is submitted for a corp	oration organized	07.1508, or 617.1508, Flor Lunder the laws of the State Lagent, or both, in the State	e of FLORIDA	·····	
1. The name of the	ne corporation; HUNTI	NGTON PO	INTE I ASSOCIATI D., DELRAY BEACH,	ION, INC.	<del></del>	
2. The principal (	office address, <u>525 titl</u>	OTTOCK DETE	or, been to be notify	1 2 00404		<del></del>
_	ddress (if different): C/O		ENTAL GROUP A RATON, FL 33487			
4. Date of incorp	oration/qualification:	1/30/1989	Document number:	N30419	9	
	street address of the currentment of State: (If resigne		nt and registered office on f	ile with the		
	SACHS SAXS CAP	LAN, P.L.				
	6111 BROKEN SO	JND PARKWA	Y NW, SUITE 200			
	BOCA RATON, FL	33487				<u></u>
6. The name and (if changed):	street address of the new	registered agent (	if changed) and /or register	red office	MAY 27	
	WASSERSTEIN, P	.A.				;-< ;/*/
	6501 CONGRESS				PM 4:0	25.7. 27.0.7.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2
	BOCA RATON, FL	P.O Box NOT a	eceptable			10% 10%
The street addre			ddress of the business offic	ce of its registere	d agent.	
_						
authorized by t	he board, or the corporat	ion has been noti	by its board of directors or fied in writing of the chan	ge.		
Signate	ire about Micer or director	<del></del>	Printed or Wood hal	Se		
	,	stered agent and sions of all statu d accept the oblig t a change in the g of this change.	auree to act in this capacies relative to the proper a ation of my position as re- registered office address.		Sormanc Or, if thi that the	e S
Halla si	gnature of Registered Agent		Date	14		
_ Danie	ehalf of an entity:  Jusserste Typed or Printed Name	1				

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