

N32101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

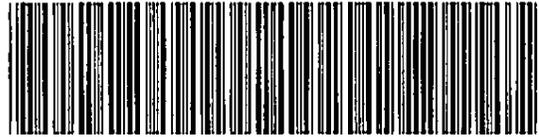
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

L0385-



200399106152

01/02/2014--018 \*\*35.00

FILED  
2023 MAY 16 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE FL

JUN 29 2023

D CUSHING

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** WATERFORD POINTE HOMEOWNERS' ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N32101

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:

John L. Di Masi  
Name of Contact Person  
Di Masi II Burton, P.A.  
Firm/Company  
801 N Orange Avenue #500  
Address  
Orlando, FL 32801  
City/State and Zip Code  
jdimasi@orlando-law.com

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

FILED  
2023 MAY 16 PM 2:22  
CORPORATION STATE  
TALLAHASSEE FL

For further information concerning this matter, please call:

John L. Di Masi at ( 407 ) 839-3383  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 14, 2023

JOHN L DI MASI  
801 N ORANGE AVENUE #500  
ORLANDO, FL 32801

SUBJECT: WATERFORD POINTE HOMEOWNERS' ASSOCIATION, INC.  
Ref. Number: N32101

We have received your document for WATERFORD POINTE 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):

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

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.

Claretha Golden  
Regulatory Specialist II

Letter Number: 023A00005950



**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: WATERFORD POINTE HOMEOWNERS' ASSOCIATION, INC.

2. The principal office address: 1801 Cook Avenue, Orlando, FL 32806

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 05/04/1989 Document number: N32101

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)

Law Offices of John L. Di Masi, P.A.  
801 N Orange Avenue, #500  
Orlando, FL 32801

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

Di Masi Burton, P.A.  
801 N Orange Avenue, #500  
Orlando, FL 32801

P.O. Box NOT acceptable

FILED  
2023 MAY 16 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE, FL

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.

[Signature]  
Signature of an officer or director

John L. Di Masi, 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.*

[Signature]  
Signature of Registered Agent

12/27/2022  
Date

If signing on behalf of an entity:

John L. Di Masi  
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  
CR2E045 (04/13)