N48447

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COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: SANDPIPER COVE HOMEOWNERS ASSOCIATION Name of Corporation N48447 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: MICHELLE DEANGELIS Name of Contact Person BRISTOL MANAGEMENT SERVICES, INC. Firm/Company 1930 COMMERCE LANE, SUITE 1 Address JUPITER, FL 33458 City/State and Zip Code m.deangelis@bristolmanagement.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michelle DeAngelis Area Code & Daytime Telephone Number 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**

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

statement of cha	nge is submitted for a corp	ooration organiz	, 607.1508, or 617.1508, Flori zed under the laws of the State red agent, or both, in the State	of_Florida
1. The name of t	the corporation: Sandpi	per Cove F	Homeowners Associa	tion, Inc.
2. The principal	office address: c/o Bristo	ol Manageme	ent, 1930 Commerce Lar	ne, Suite 1, Jupiter, FL
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification:	1991	Document number:	N48447
	d street address of the curre rtment of State: (If resigned		ent and registered office on file	e with the
	United Community N	/lgt. Corp		
	11784 W. Sample R	oad, #103	."	
	Coral Springs, FL 3	3065		
6. The name and (if changed):	d street address of the new	registered agent	(if changed) and /or registered	6人
	Bristol Management	Services, In	с.	PEFFEST DO
	1930 Commerce Lar	ne, Suite 1	accentable	_ 35 1
	Jupiter, FL 33458	r.o. box NOT	acceptable	
The street addre	ess of its registered office be identical.	and the street a	address of the business office	of its registered agent,
Such change wa	as authorized by resolution he board, or the corporation	n duly adopted on has been not	by its board of directors or by ified in writing of the change.	an officer so
la	re of an officer or director		Jack Wise, Pr	resident
I herehy accent	the appointment as regist	ered agent and ons of all statu accept the oblis a change in the of this change.	I agree to act in this capacity. tes relative to the proper and gation of my position as regist registered office address, I h	
			January 10,	2011
_	nature of Registered Agent		Date	
	chalf of an entity:			
	ichelle DeAngelis yped or Printed Name			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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