

N51052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

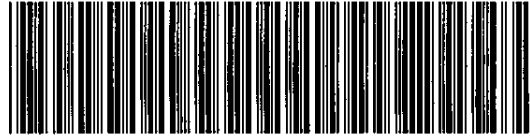
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



800267722618

12/29/14--01003--012 \*\*35.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 FEB -4 PM 3:00

FEB 05 2015  
T. CARTER



**COPY**

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 12, 2015

LOUIS CAPLAN, ESQUIRE  
ASSOCIATED CORPORATE SERVICES  
6111 BROKEN SOUND PARKWAY NW, SUITE 200  
BOCA RATON, FL 33487 US

SUBJECT: BAY POINTE COMMUNITY ASSOCIATION, INC.  
Ref. Number: N51052

We have received your document for BAY POINTE COMMUNITY 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):

The document is illegible and not acceptable for imaging.

The registered agent signature must be darker for scanning purposes.

An officer/director must sign the document authorizing the change(s).

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.

Tina D Carter  
Regulatory Specialist

Letter Number: 815A00000426

RECEIVED  
15 FEB -4 PM 12:34  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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: Bay Pointe Community Association, Inc.
2. The principal office address: 6413 Congress Avenue, Suite 100, Boca Raton, FL 33487
3. The mailing address (if different): Same as above
4. Date of incorporation/qualification: 09/29/1992 Document number: N51052
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)

Roger, Randall K., PA

621 NW 53rd Street, Suite 300

Boca Raton, FL 33487

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

Associated Corporate Services, LLC

6111 Broken Sound Parkway NW, Suite 200

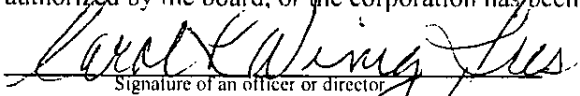
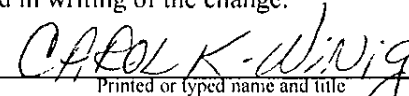
P.O. Box NOT acceptable

Boca Raton, FL 33487

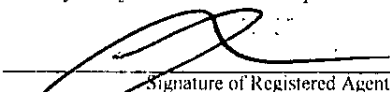
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 FEB -4 PM 3:00

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 of an officer or director 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

December 17, 2014

Date

If signing on behalf of an entity:

Louis Caplan, Esquire

Typed or Printed Name

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