

N930000003526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

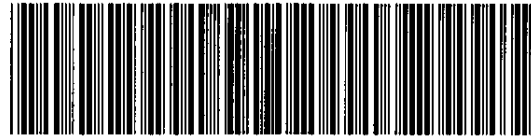
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600186742386

10/20/10--01012--011 \*\*35.00

FILED  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
10 OCT 20 PM 1:35

RH/RD/chs  
10/21/10

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Bonneville Pines Homeowners Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N93000003526

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:

Wade Bray  
Name of Contact Person

RealManage  
Firm/Company

5401 Kirkman Rd., Ste 318  
Address

Orlando, FL 32819  
City/State and Zip Code

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

For further information concerning this matter, please call:

Wade Bray at ( 866 ) 473-2573  
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: Bonneville Pines Homeowners Association, Inc.
2. The principal office address: 5401 Kirkman Rd., Ste 318  
Orlando, FL 32819
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 08/5/1993 Document number: N93000003526
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)

Louis O. Athridge

13726 Glasser Ave.

Orlando, FL 32826

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

RealManage, LLC

5401 Kirkman Rd., Ste 318

P.O. Box NOT acceptable

Orlando, FL 32819

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

08/17/2010

Date

If signing on behalf of an entity:

Wade Bray, Director, RealManage

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 (8/05)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
10 OCT 20 PM 1:35