N9500003124

(Re	equestor's Name)				
(Address)					
(Ad	dress)				
(Cit	ry/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	me)			
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

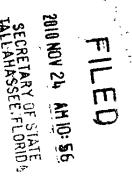
Office Use Only



500187224915



11/01/10--01049--005 **35.00



11/21/10

400787, 00611, 00671

COVER LETTER

Amendment Section Division of Corporations

	Name of Corporation		
DOCUMENT NUMBER:	N95000003124		
The enclosed Statement of Ch	nange of Registered Office/Agent and fee are submitted for filing		
Please return all corresponden	nce concerning this matter to the following:		
	ERIC ESTEBANEZ		
	Name of Contact Person		
	POINTE MANAGEMENT GROUP		
	Firm/Company		
	75 NE 6TH AVENUE # 206		
	Address		
	DELRAY BEACH, FL 33483		
2710	City/State and Zip Code		
E-mail ad	POINTEMG@BELLSOUTH.NET Idress: (to be used for future annual report notification)		
For further information concer	rning this matter, please call:		
NOELI BA			
Name of Conta	act Person Area Code & Daytime Telephon		
Enclosed is a \$35.00 check ma	ade 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



RECEIVED

10 NOV 24 AM 10: 33

SECRETARY OF STATE TALLAHASSEE. FLORIDA

November 4, 2010

Eric Estebanez Pointe Management Group 75 NE 6th Avenue #206 Delray Beach, FL 33483

SUBJECT: WALDEN LAKE HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N95000003124

We have received your document for WALDEN LAKE 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):

The registered agent must sign accepting the designation.

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) 245-6907.

Annette Ramsey Regulatory Specialist II

Letter Number: 710A00025978

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

statement of che	provisions of sections 607.03 ingle is submitted for a corpo	reija etganiz	ed under the laws of the Sta	nte of
	er to change its register ed off			
1. The name of	the corporation: WALDE	I LAKE H	OMEOWNERS AS	SOCIATION, INC
2. The principal	office address: 75 NE 6Th	1 AVE #206	S - DELRAY BEACH, F	FL 33483
	-			
3. The mailing a	address (if different):	, š.,		
4. Date of incor	poration/qualification;		Document number:	N95000003124
	d street address of the current rtment of State: (If resigned, e			
	CAMPBELL,RENEE			= = = = = = = = = = = = = = = = =
	11784 W.SAMPLE RO	DAD, SUITI	E 103	TALLAHAS
	CORAL SPRINGS, FL	_ 33065		22 22 24 SS
6. The name and (if changed):	d street address of the new reg	gistered agent	(if changed) and /or registe	red office From 5
	ERIC ESTEBANEZ		·	A STEE
	75 NE 6TH AVENUE			
	DEL DAY/ DE 4011 EL	PO Box NOT	acceptable	
	DELRAY BEACH, FL			
The street addr as changed will	ess of its registered office ar I be identical.	nd the street a	ddress of the business office	ce of its registered agent,
Such change wauthorized by t	as authorized by resolution on the board, or the corporation	duly adopted has been not	by its board of directors or ified in writing of the chan	r by an officer so ge.
field			Rubert	and
_	re of an officer or director		Printed or typed na	
I hereby accept I further agree of my duties, at document is be corporation ha	the appointment as register to comply with the provision and I am familiar with and acting filed merely to reflect a seen notified in writing of	red agent and ns of all statu ccept the oblig change in the this change.	l agree to act in this capact tes relative to the proper a gation of my position as re registered office address,	ity. nd complete performance gistered agent. Or, if this I hereby confirm that the
			11-18+1	<i>1 U</i>
Sign	gnature of Registered Agent	•	Date	
if signing on bo	ehalf of an entity:			
TRI	= Estebave	<u>د.</u>		
<u> </u>	'yped or Printed Name			

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