

119500040/3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

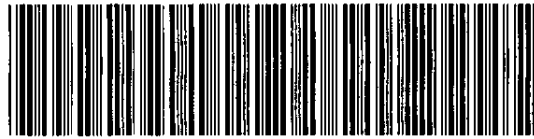
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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RA-ADD
Change

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Wesley Pointe Homeowners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N95000004013

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:

MARIELLE WESTERMAN, ESQ.
Name of Contact Person

WESTERMAN WHITE, P.A.
Firm/Company

146 2ND ST N, SUITE 208
Address

ST. PETERSBURG, FL 33701
City/State and Zip Code

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

For further information concerning this matter, please call:

MARIELLE WESTERMAN at (727) 329-8956
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: Wesley Pointe Homeowners Association, Inc.
2. The principal office address: 5836 SAND KEY LANE WESLEY CHAPEL FL 33545 US
3. The mailing address (if different): PO BOX 1211 SAN ANTONIO FL 33576 US

4. Date of incorporation/qualification: 08-22-1995 Document number: N95000004013

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)

WESTERMAN, MARIELLE ESQ

215 W VERNE ST STE A

TAMPA FL 33606 US

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

WESTERMAN, MARIELLE ESQ

WESTERMAN WHITE, P.A.

P.O. Box NOT acceptable

146 2ND ST N, SUITE 208, ST. PETERSBURG FL 33701

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

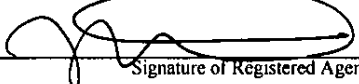
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

5-27-09

Date

If signing on behalf of an entity:

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)