

195000064013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

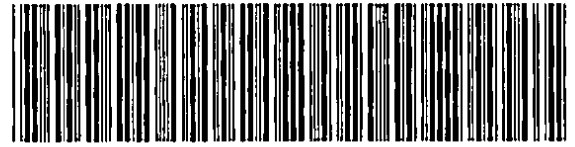
(Business Entity Name)

(Document Number)

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FILED
2019 FEB 18 P 4 46
BIRMINGHAM, ALABAMA

FEB 18 2019
T. LEWIS

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

Name of Contact Person

Becker

Firm/Company

1511 N. Westshore Blvd. Suite 1000

Address

Tampa, FL 33607

City/State and Zip Code

mwesterman@beckerlawyers.com

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

For further information concerning this matter, please call:

_____ at (_____) _____
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2018

MARIELLE WESTERMAN
1511 N WESTSHORE BLVD STE 1000
TAMPA, FL 33607

SUBJECT: WESLEY POINTE HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N95000004013

We have received your document for WESLEY POINTE 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):

Please have a officer or director sign the document.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 018A00026229

RECEIVED
2019 FEB 13 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FL

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

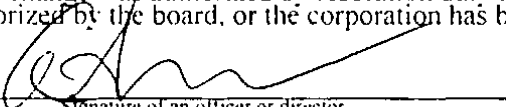
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Wesley Pointe Homeowners Association, Inc.
2. The principal office address: 5836 Sand Key Lane
Wesley Chapel, FL 33545
3. The mailing address (if different): PO Box 7883
Wesley Chapel, FL 33545
4. Date of incorporation/qualification: 04/19/1999 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.
146 2nd Street North, Suite 100
St. Petersburg, FL 33701
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Westerman, Marielle
1511 N. Westshore Blvd. Suite 1000
P.O. Box NOT acceptable
Tampa, FL 33607

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

Greg Anderson, Blue Moon Properties

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

10/18/18

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 (03/12)