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(Requestor's Name)
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PICK-UP WAIT MAIL
· · · · · · · · · · · · · · · · · · ·
(Business Entity Name)
(Document Number)
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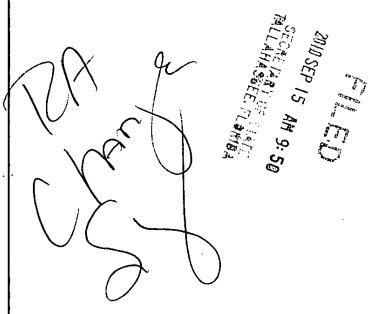
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COVER LETTER

SUBJECT: HIGH F	Pointe Club Hom Name	of Corporation	1011, 1110.	_
DOCUMENT NUMBER		N97000001270		
The enclosed Statement of	Change of Registered	Office/Agent and fee	are submitted fo	or filing.
Piease return all correspon	dence concerning this i	natter to the following	<u>;</u> :	
	Anita	Geraci-Carver		
	Name o	of Contact Person		
	Law Office of A	Anita Geraci-Carve	er PA	
		rm/Company		
	1560 E	Bloxam Avenue		
		Address		
,		ont, FL 34711		
	City/Si	ate and Zip Code		
	anita	@agclaw.net		
E-mai	l address: (to be used	for future annual re	port notification	on)
For further information co	ncerning this matter, pl	ease call:		
Anita Go	eraci-Carver	at (352) 2 le & Daytime To	243-2801
Name of C	ontact Person	Area Cod	e & Daytime To	elephone Numb

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

· CR2E045 (8/05)

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida
in orde	er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: High Pointe Club Homeowners Association, Inc.
	office address: 820 Cumberland Circle, Minneola, FL 34715
3. The mailing a	address (if different): P.O. Box 1723, Minneola, FL 34755
4. Date of incorp	poration/qualification: 03/04/1997 Document number: N97000001270
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	David Engel
	832 Cumberland Circle
	Minneola, FL 34715
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Anita Geraci-Carver, Esquire Law Office of Anita Geraci-Carver PA
	Law Office of Anita Geraci-Carver PA
	P.O. Box NOT acceptable
	1560 Bloxam Avenue, Clermont, FL 34711
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Cathle	Cathleen Coffey, Vice President Printed or typed name and title
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the seen notified in writing of this change.
anite sign	Meraci - Carrer 9-13-10 Date
f signing on be	half of an entity:
	Geraci-Carver, Esquire
••	* * * FILING FEE: \$35.00 * * *
	MANUFOUTE OVER DATA DE LE COMO

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)