

N97000005455

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

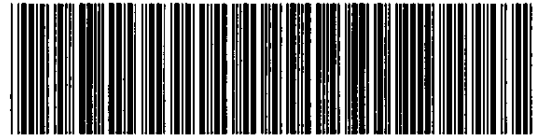
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800185338618

10/04/10--01027--028 **35.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 OCT 15 AM 10:32

RA/RD/CHS
@ 10/15/10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Oak Pointe Subdivision Homeowners Association INC
Name of Corporation

DOCUMENT NUMBER: D #N97000005455

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:

Edward C Thompson
Name of Contact Person

Firm/Company

Po Box 573
Address

Lady Lake Fl. 32158
City/State and Zip Code

edwardt6@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Edward Thompson. at (352) 259-4486
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

RECEIVED
10 OCT 15 AM 8:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 6, 2010

EDWARD C. THOMPSON
P.O. BOX 573
LADY LAKE, FL 32158

SUBJECT: OAK POINTE SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.
Ref. Number: N97000005455

We have received your document for OAK POINTE SUBDIVISION 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 list the date of incorporation on the document.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 910A00023708

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 FL in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Oak Pointe Subdivision Homeowners Association Inc

2. The principal office address: 3827 Oak Pointe Dr. Lady Lake Florida 32159

3. The mailing address (if different): P O Box 573 Lady Lake FL. 32158

4. Date of incorporation/qualification: 9/24/1997 Document number: N 97000005455Res

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)
Resigned Michelle Cichielo R
3841 OAK POINTE DR
LADY LAKE FL 32159

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Edward C Thompson
3827 Oak Pointe Dr
P.O. Box NOT acceptable
Lady Lake FL. 32159

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.

Lena Williams
Signature of an officer or director

Lena Williams Sec.
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.

Edward C Thompson
Signature of Registered Agent

Sep 28 2010
Date

If signing on behalf of an entity:
Edward C Thompson
Typed or Printed Name

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

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE
10 OCT 15 AM 10:32