

763341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

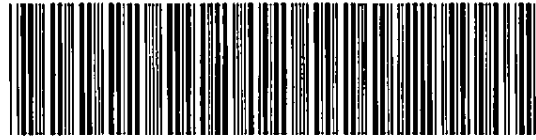
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000305393400

01/09/18--01010--019 \*\*35.00

JAN 30 2018

C. YOUNG

STATE OF FLORIDA  
TALLAHASSEE  
18 JAN 29 AM 9:51

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 10, 2018

MICHAEL J GIBSON  
BOCA GROVE GOLF & TENNIS CLUB, INC  
21351 WHITAKER DRIVE  
BOCA RATON, FL 33433

SUBJECT: BOCA GROVE GOLF AND TENNIS CLUB, INC.  
Ref. Number: 763361

We have received your document for BOCA GROVE GOLF AND TENNIS CLUB, 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):

**CURRENT REGISTERED MUST BE LISTED**

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.

Shelia H Young  
Regulatory Specialist II

Letter Number: 518A00000639

RECEIVED  
18 JAN 29 PM 1:19  
STATE  
CORPORATIONS  
DIVISION

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Boca Grove Golf & Tennis Club, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** 763361

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:

Michael J Gibson  
Name of Contact Person

BOCA GROVE GOLF & TENNIS CLUB, INC  
Firm/Company

21351 WHITAKER DR  
Address

BOCA RATON, FL 33433  
City/State and Zip Code

mgibson@bocagrove.org  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Gibson at ( 561 ) 487-5300  
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: BOCA GROVE GOLF & TENNIS CUB, Inc.
- 2. The principal office address: 21351 Whitaker Dr  
Boca Raton, FL 33433
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 05/19/1982 Document number: 763361

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)

~~FRANK MADDALENA~~  
~~21351 WHITAKER DRIVE~~  
~~BOCA RATON, FL 33433~~

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

MICHAEL J GIBSON  
21351 WHITAKER DR  
P.O. Box NOT acceptable  
BOCA RATON, FL 33433

18 JAN 29 AM 8:50  
 FILED  
 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.

*Frank Maddalena*  
 Signature of an officer or director

FRANK MADDALENA, PRESIDENT  
 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]*  
 Signature of Registered Agent

01/03/2018  
 Date

If signing on behalf of an entity:  
 \_\_\_\_\_  
 Typed or Printed Name

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