## 766123

| (Re                                     | questor's Name)    |             |  |  |
|---|--------------------|-------------|--|--|
| (Ad                                     | dress)             |             |  |  |
| (Ad                                     | dress)             |             |  |  |
| (Cit                                    | ty/State/Zip/Phone | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT             | MAIL        |  |  |
| (Ві                                     | isiness Entity Nar | ne)         |  |  |
| (Document Number)                       |                    |             |  |  |
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JIVISION OF CORPORATION

AUG 9 2016

C LEWIS

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

SUBJECT: Bridgeview Association, Inc.

Name of Corporation

DOCUMENT NUMBER, 766123

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:

Steven R. Braten, Esquire

Name of Contact Person

Goede, Adamczyk, DeBoest & Cross, PLLC

Firm/Company

4800 North Federal Highway Ste 307 D

Address

Boca Raton, FL 33431

City/State and Zip Code

sbraten@gadclaw.com

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

For further information concerning this matter, please call:

Steven R. Braten

,,561

368-9200

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

| statement of ch  | ange is submitted for a corpora   | 2, 617.0502, 607.1508, or 617.1508, Florid<br>tion organized under the laws of the State o<br>e or registered agent, or both, in the State o   | f Florida                   |
|--|---|--|-----------------------------|
| 1. The name of   | the corporation: Bridgeview   | v Association, Inc   |                             |
| 2. The principa  | l office address: 5199 Prive<br>each, FL 33484  |  |                             |
| 3. The mailing   | address (if different):   |  |                             |
| 4. Date of incor   | poration/qualification: 12/14   | Document number: 7661  | 23                          |
|  | d street address of the current reartment of State: (If resigned, en  | egistered agent and registered office on file iter resigned)   | with the                    |
|  | Richard DeBoest, II, E  | Esquire  | _                           |
|  | C/O Goede, Adamczy  | /k, DeBoest, PLLC  |                             |
|  | 2030 McGregor Blvd  | Fort Meyers, FL 33901  | 1.015.                      |
| 6. The name an (if changed):   | d street address of the new regis   | stered agent (if changed) and /or registered   | <b>33</b> ○ □               |
|  | Steven R. Braten, Esc   | quire  | - <b>PH</b>                 |
|  | 4800 North Federal H  |  |                             |
|  | Boca Raton, FL 3343   | O. Box NOT acceptable  | 24                          |
| The street addr  | ess of its registered office and  | the street address of the business office of   | its registered agent,       |
| _  |   | ly adopted by its board of directors or by a seen notified in writing of the change.   | n officer so                |
| Joseph F.  | ure of the officer or director  | Joseph Printed or typed name and   | - President                 |
| I hereby accept<br>I further agree<br>performance of<br>agent. Or, if th   | the appointment as registered to comply with the provisions of my duties, and I am familiar vis document is being filed mer | agent and agree to act in this capacity. of all statutes relative to the proper and co<br>with and accept the obligation of my positi-<br>ely to reflect a change in the registered off<br>notified in writing of this change. | omplete<br>on as registered |
|  |   | July 1, 2016   | ·                           |
| Coff of the same o | mature of Registered Agent  | Date   |                             |
| Steven R. I  | •   |  |                             |
|  | voed or Printed Name  |  |                             |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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