

N03527

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(Document Number)

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6/18/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sabal Ridge COA, Inc +
(Name of Corporation)

DOCUMENT NUMBER: N03527

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:

Beverley Jamason
(Name of Contact Person)

Sea Breeze CMS, Inc
(Firm/Company)

100 Sabal Ridge Circle
(Address)

Palm Beach Gardens, FL 33418
(City/State and Zip Code)

For further information concerning this matter, please call:

Beverley Jamason at (561) 694-8634
(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

June 5, 2009

BEVERLEY JAMASON
SEA BREEZE CMS, INC
100 SABAL RIDGE CIR
PALM BEACH GARDENS, FL 33418

SUBJECT: SABAL RIDGE CONDOMINIUM ASSOCIATION, INC.
Ref. Number: N03527

We have received your document for SABAL RIDGE CONDOMINIUM 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):

The current name of the entity is as referenced above. Please correct your document accordingly.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct 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) 245-6925.

Teresa Brown
Regulatory Specialist II

Letter Number: 909A00018985

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: Sabal Ridge GOA, Inc CONDOMINIUM ASSOCIATION, INC.
- 2. The principal office address: 100 Sabal Ridge Circle
Palm Beach Gardens, FL 33418
- 3. The mailing address (if different): Same
- 4. Date of incorporation/qualification: 6/8/1984 Document number: N03527

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)

Jay Steven Levine, P.A
3300 PGA Blvd, Suite 530
Palm Beach Gardens, FL 33410

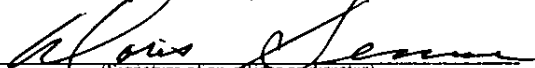
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TALLAHASSEE, FLORIDA

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

Sea Breeze Community Management Services, Inc.
8259 N Military Trail, Suite 11
(P.O. Box NOT acceptable)
Palm Beach Gardens, FL 33410

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)

WOLVIS SEMON
(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)

5/4/09
(Date)

If signing on behalf of an entity:

B. J. MASON
(Typed or Printed Name)

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