

N16595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

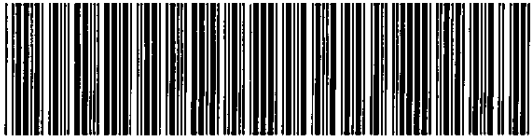
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

*RD Change
Lewis
5-12-10*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: The Village of Saratoga Pointe Homeowners Assoc. Inc.
Name of Corporation

DOCUMENT NUMBER: N16595

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:

Lisa Rodrigues
Name of Contact Person

M.F. Associates Inc.
Firm/Company

8409 N Military Trail, Suite 119
Address

Palm Beach Gardens FL 33410
City/State and Zip Code

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

For further information concerning this matter, please call:

Lisa Rodrigues at (561) 691-1100
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: THE Village of Saratoga Pointe Homeowners Assoc. Inc.
2. The principal office address: 8409 N. Military Trail, Ste 119 Palm Beach Gardens FL 33410
3. The mailing address (if different): PO Box 32907 Palm Beach Gardens FL 33410
4. Date of incorporation/qualification: 9/2/1986 Document number: N16595
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)

Edward Orcher
500 Australian Ave S,
West Palm Beach FL 33401

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

Edward Orcher
1818 Australian Ave S, Suite 400
West Palm Beach FL 33409

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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.

Victor Ellins
Signature of an officer or director

Victor Ellins
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

5-1-00
Date

If signing on behalf of an entity:

Orcher, Krivok & Stoloff P.A.
Typed or Printed Name

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