N 49610

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status <u>w</u>
Special Instructions to	Filing Officer:	

Office Use Only



500162381445

11/05/09--01041--016 **35.00



RAChange

B @ 10 2009

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ST. Tropez @ Boca Golf Propoly Owners Name of Corporation Assoc, Inc
DOCUMENT NUMBER: N 49610
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:
David Coven Name of Contact Person
Coven ESq. Firm/Company
Address Fort-Laudendale, FL 33306 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cous Manessis at (954) 599-2399 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 in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: ST. TROPEZat Boc A Golf Property Owners Association, In	16.
2. The principal office address: NO ELENTON BLVD Delray Beach FL 33483	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 6/29/1992 Document number: N496 0	
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)	
Backer Law Firm, P.A.	
400 S. Dixie Hwy Ste 420	
Boca Raton FL 33432	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
David Coven	
2856 E. Oakland Park Blva 2	
Fort Lauderdale, FL 33306	
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, of the corporation has been notified in writing of the change.	
Frinted 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 D 27 09 Date	
If signing on behalf of an entity:	
Typed or Printed Name	

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