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| (Requestor's Name)                      |  |  |  |  |
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| (Address)                               |  |  |  |  |
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| (Address)                               |  |  |  |  |
|   |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
|   |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
|   |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
|   |  |  |  |  |
| (Document Number)                       |  |  |  |  |
|   |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
|   |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
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FLORIDA OFFICES

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**BOYNTON BEACH** 

www.katzkorr.com

LEIGH C. KATZMAN
FERREN L. KORR
RACHEL E. FRYDMAN
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MARK M. HEINISH
KENNETH E. ZEILBERGER
TENNILLE M. SHIPWASH
HEATHER J. EDELMAN
MAY HUSTEY
MARY ANN CHANDLER
STEPHEN A. FINAMORE

February 26, 2007

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Bona Vista Condominium Association, Inc.

Change of Registered Agent

Dear Sir / Madam:

Enclosed please find the Statement of Change of Registered Office or Registered Agent or Both for Corporations which has been properly filled out by this office. Furthermore, enclosed please find a check made payable to the Department of State in the amount of \$35.00. Should you require any further information or documentation with respect to the Change of Registered Agent for the above referenced corporation, please contact me at the number listed below.

Sincerely,

KATZMAN & KORR, P.A.

Managing Lartner

FLK:vl Enclosure

cc: Board of Directors

Property Manager

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| Pursuant to th  | ie provisions of sections 607.0502, 6   | 17.0502, 607.1508, or 617.1508, F  | Torida Statutes,                                 |  |
|---|---|--|--|--|
| this statement  | of change is submitted for a corporati  | on organized under the laws of the S   | State of   |  |
| Florida   | in order to change its registe  | ered office or registered agent, or b  | oth, in the State                                |  |
| of Florida.   | BONIAVISTA  |  |  |  |
| 1. The name of  | f the corporation: Bona Vista Condom  | inium Association, Inc.  |  |  |
|   | al office address: <u>3375 Nov</u><br>Muna FL 33/80   |  | N.2 1  |  |
| 3. The mailing  | address (if different):   |  |  |  |
|   | ,   |  |  |  |
| 4. Date of inco   | orporation/qualification:05/22/1972   | Document number:   | 3466   |  |
|   | nd street address of the current register artment of State:   | red agent and registered office on fil   | e with the                                       |  |
|   | Andrew Mayrowitz, DCI Association   | Services   |  |  |
|   | 2035 Harding Street, Suite 200  |  | <u> </u>   |  |
| ~   | Hollywood, Florida 33020  |  | TECRE  |  |
| 6.) The name a changed):  | and street address of the new registe  Katzman & Korr, P.A.   | red agent (if changed) and /or regi  | REPORT IN  |  |
| Phr   | 1501 Northwest 49th Street, Suite 202   |  | STA:   |  |
| γ,  | (P.O. Box or personal mailbox NOT acceptable)   |  |  |  |
|   | Fort Lauderdale, Florida 33309  |  | <u>.</u>   |  |
| agent, as chan  | ress of its registered office and the st  |  |  |  |
| Such change v<br>authorized by  | was authorized by resolution duly add<br>the board, or the corporation has been   | opted by its board of directors or by n notified in writing of the change.   | an officer so                                    |  |
|   | ser, et arman or vice chairman of the board)  | (Printed or typed name and title)  | Esq. 2 12610                                     |  |
| I hereby accept I further agree performance of registered age office af aress | of the appointment as registered agen<br>to comply with the provisions of all<br>of my duties, and I am familiar with a<br>ent. Or, if this document is being filed<br>I hereby confi <u>rm t</u> hat the corporation | nt and agree to act in this capacity.<br>statutes relative to the proper and<br>and accept the obligation of my post<br>d merely to reflect a change in the r<br>on has been notified in writing of th | complete<br>ition as<br>registered<br>is change. |  |
| · Du  | (Signaphroof Registered Agent)  | (Date)   |  |  |
| If signing on beh   | 4 1   | 9  |  |  |
| Za w  | WY H. BATTE   | Pres.  | <u></u> ,  |  |
|   | (Typed or Printed Name)   | (Capacity)   |  |  |