

726973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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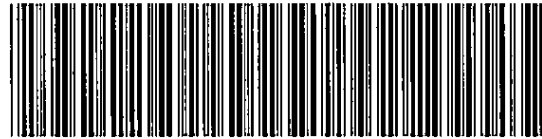
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2015 700

7 SCHEDULE

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Boca Linda West Association INC  
Name of Corporation

DOCUMENT NUMBER: 726973

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:

Carol L. Testa

Name of Contact Person

Boca Linda West Association Inc.

Firm/Company

21 SE 5th Street #200

Address

Boca Raton, FL 33432

City/State and Zip Code

Wwmerch@comcast.net Thishop@mac.hogan/services.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carol L. Testa

Name of Contact Person

at ( 908 ) 300-1359  
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: Boca Linda West  
2. The principal office address: 21 SE 5<sup>th</sup> Street #200  
Boca Raton FL 33432  
3. The mailing address (if different): WIA

4. Date of incorporation/qualification: 7/19/73 Document number: 726973

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)

Karen Gagliano  
9550 North West 17<sup>th</sup> Ave  
Delray Beach FL 33445

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

Michael Bender, Kaye Bender Rembaum, P.L.  
1200 Park Central Blvd South  
Pompano Beach FL 3306X  
P.O. Box NOT acceptable

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.

Carol L. Testa  
Signature of an officer or director

CAROL L. TESTA President  
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, hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Michael Bender  
Typed or Printed Name

FILED  
JUL - 1 AM 10:25  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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