

730766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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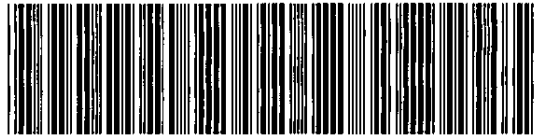
(Business Entity Name)

(Document Number)

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6/22/09  
7/2

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Boca Linda North Association, Inc  
Name of Corporation

**DOCUMENT NUMBER:** 730766

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:

Amy Steinman  
Name of Contact Person

C.A.M.S.  
Firm/Company

314 NE 3rd Street  
Address

Boynton Beach, FL 33435  
City/State and Zip Code

Assteinman@CAMS Prop-mgmt.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Steinman at ( 561 ) 738-0061 ext. 18  
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: Boca Linda North Association, Inc

2. The principal office address: \_\_\_\_\_

3. The mailing address (if different): 314 NE 3rd Street  
Boynton Beach Florida

4. Date of incorporation/qualification: \_\_\_\_\_ Document number: 730766

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)

Larry Schner P.A.  
750 S. Dixie Highway  
Boca Raton, FL 33432

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

Dicker, Krivok + Stoloff, P.A.  
1818 Australian Ave South #400  
P.O. Box NOT acceptable  
West Palm Beach, FL 33409

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.

Joanne Barbero  
Signature of an officer or director

JOANNE BARBERO, Sec'y (Board)  
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

6-15-09  
Date

If signing on behalf of an entity:

Scott A. Stoloff  
Typed or Printed Name

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