## 731666

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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## **COVER LETTER**

TO: A	Amendment Section Division of Corporations	
SUBJEC	T: Indian Spring Master Association, In (Name of Corp	nc.
DOCUM	ENT NUMBER: 731666	
	osed Statement of Change of Registered Office/A	gent and fee are submitted for filing.
	turn all correspondence concerning this matter to	
	David L. Brough, Esquire (Name of Contac	et Person)
	Brough, Chadrow & Levine, P.A. (Firm/Comp	pany)
	2149 North Commerce Parkway (Address	3)
	Weston, Florida 33326 (City/State and 2	Cip Code)
For further	er information concerning this matter, please call	
David L.	Brough (Name of Contact Person)	at ( 954 ) 384-0732 (Area Code & Daytime Telephone Number)
Enclosed	is a \$35.00 check made payable to the Departme	nt 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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Indian Spring Master Association, Inc.
2. The principal	office address: 5995 BannockTerrace, Boynton Beach, Florida 33437
3. The mailing a	address (if different):
4. Date of incorp	poration/qualification: 01/21/1975 Document number: 731666
	d street address of the current registered agent and registered office on file with the rement of State:
	Victoria Martin
	5995 BannockTerrace Paris Boynton Beach, Florida, 33437
	Boynton Beach, Florida 33437
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office:
	BROUGH, CHADROW & LEVINE, P.A.
	2149 N. COMMERCE PARKWAY
	(P.O. Box NOT acceptable)
	WESTON, FLORIDA 33326
The street addre as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.
Constitu	Patricia Rogers President
I hereby accept I further agreed of my duties, and document is bein	the approximent as registered agent and agree to act in this capacity.  To comply with the provisions of all statutes relative to the proper and complete performance of all am familiar with and accept the obligation of my position as registered agent. Or, if this not filled merely to reflect a change in the registered office address. I hereby confirm that the been notified in writing of this change.
Ų	nature of Registered Agent)
	half of an entity:
David L. Broug	
<u>`</u>	yped or Printed Name)

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