

754 2334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

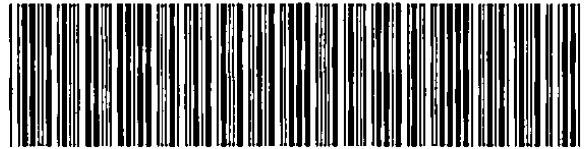
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 23 2018
T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Boca Pointe Community Association
Name of Corporation

DOCUMENT NUMBER: 754334

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:

Kathleen O'Donovan

Name of Contact Person

Boca Pointe Community Association

Firm/Company

6909 SW 18th Street, Suite 120

Address

Boca Raton, FL 33433

City/State and Zip Code

kathleen.odonovan@fsresidential.com

E-mail address: (to be used for future annual report notification)

RECEIVED

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SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Kathleen O'Donovan

Name of Contact Person

at (561) 395-7551

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 19, 2018

KATHLEEN O'DONOVAN
6909 SW 18 ST STE 120
BOCA RATON, FL 33433

SUBJECT: BOCA POINTE COMMUNITY ASSOCIATION, INC.
Ref. Number: 754334

We have received your document for BOCA POINTE COMMUNITY ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please have Barry J Haberman sign the document.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 518A00021445

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Boca Pointe Community Association
2. The principal office address: 6909 SW 18th Street, Suite 120
Boca Raton, FL. 33433
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/24/1980 Document number: 754334
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)

Clifford I. Hertz, P.A. / Broad and Cassel

One North Clematis Street, Suite 500

West Palm Beach, FL. 33401

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

Kathleen O'Donovan / Boca Pointe Community Association

6909 SW 18th Street, Suite 120

P.O. Box NOT acceptable

Boca Raton, FL. 33433

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2018 OCT 18 P 4 43
TALLAHASSEE, FLORIDA

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.

Barry J. Haberman
Signature of an officer or director

Barry J. Haberman, 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, I hereby confirm that the corporation has been notified in writing of this change.

Kathleen O'Donovan
Signature of Registered Agent

10/17/18
Date

If signing on behalf of an entity:

Kathleen O'Donovan
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314