## 758533

(Requ	estor's Name)			
(Addre	ess)			
(Addre	ess)			
(City/s	State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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11/2/07



	ACCOUNT NO.	: 072100000032		
	REFERENCE	: 266664 4713582		
	AUTHORIZATION	: Spelle ble man	'ر	
	COST LIMIT	: \$ 35.00		
ORDER DATE :	October 10, 2007	7		
ORDER TIME :	10:20 AM			
ORDER NO. :	266664-005		,	
CUSTOMER NO:	4713582			
			·	
CHANGE OF AGENT				
, NAME :	DELRAY SOUTH A	SHORE CLUB ASSOCIATION, INC.		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON	N: Kathy Drake -	- EXT# 2959		
		EXAMINER:		

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

statement of cha	nnge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.
		Shore Club Condominium Association, Inc.
2 The principal	office address: 1625 S. Ocean	n Blvd., Delray Beach, FL 33483
2. The principal	onice address.	
3. The mailing a	address (if different): 4960 Conf	ference Way N, Suite 100, Boca Raton, FL 33431
4. Date of incorp	poration/qualification: 05/27/81	Document number: 758533
	I street address of the current regist rtment of State:	ered agent and registered office on file with the
	Bluegreen Resorts Manag	gement Tish Lehr
	4960 Conference Way No	orth, Suite 100,
	Boca Raton, FL 33431	
6. The name and (if changed):	d street address of the new registere	d agent (if changed) and /or registered office 28
	Corporation Service Com	
	1201 Hays Street	From Professional Control of the Con
	(P.O. Box NOT acc	reptable)
	Tallahassee, FL 32301	
The street addre as changed will	ess of its registered office and the be identical.	street address of the business office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly as ne board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.
War	F. Swami	WORMON F. SIRIAMIN
By:	gnature of Registered Agent)	(Printed or typed name and title)  ent and agree to act in this capacity.  Il statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this is in the registered office address, I hereby confirm that the hange.        28   07   (Date)
ii signing on be	half of an entity: Sarah K. Drake	
íΤ	as its agent Typed or Printed Name)	
,,		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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

CR2E045 (8/05)