759655

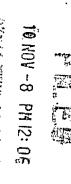
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RA Chang.

COVER LETTER

TO: Amendment Section **Division of Corporations** SUBJECT: South River Village One Condominium Association, In Name of Corporation 759655 DOCUMENT NUMBER: ___ 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: Deborah Ross, Esquire Name of Contact Person Ross Earle & Bonan, P.A. Firm/Company 789 S Federal Highway, Suite 101 Address Stuart, FL 34994 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Deborah Ross Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address: **Street Address:**

Amendment Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

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

statement of chan	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, I ge is submitted for a corporation organized under the laws of the S to change its registered office or registered agent, or both, in the S	tate of FI	orida	—
1. The name of th	e corporation: South River Village One Condomini	um Ass	sociation,	Inc.
	ffice address: 30 SW South River Drive, Stuart, FL 3499			
3. The mailing ad	dress (if different): same as above			
4. Date of incorpo	oration/qualification:08/18/81 Document number:		759655	
	street address of the current registered agent and registered office oment of State: (If resigned, enter resigned)	n file with	the	
-	Becker & Poliakoff			
_	625 North Flagler Avenue, 7th Floor			
_	West Palm Beach, FL 33401		10 - N	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or regis	tered offic	Highway 🗪	
-	Deborah Ross, Esquire	<u> </u>	2:0	
	789 S Federal Highway, Suite 101			
	P.O. Box NOT acceptable Stuart, FL 34994			
The street addres	ss of its registered office and the street address of the business of be identical.	fice of its	registered ag	ent,
Noseman	8 D'Xione Tundent	or by an cange.	maril D.	Lione
I further agree to of my duties, and document is beig	the appointment as registered agent and agree to act in this cape to comply with the provisions of all statutes relative to the proper if I am familiar with and accept the obligation of my position as a registed merely to reflect a change in the registered office address been notified in writing of this change.	and comi	plete perform l agent. Or, i y confirm tha	ance f this t the
Sign	ature of Registered Agent Date	·		_
If signing on bel				
	ned or Brintad Name			

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