

765415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

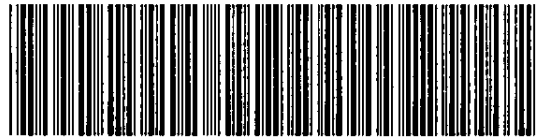
(Business Entity Name)

(Document Number)

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12/10/09*

CQVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: South River Village Two Condominium Assoc., Inc.
Name of Corporation

DOCUMENT NUMBER: 765415

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:

Camille Fidei, Manager

Name of Contact Person

South River Village Two Condominium Assoc., Inc.

Firm/Company

30 SW South River Drive

Address

Stuart, Florida 34997

City/State and Zip Code

camillesouthriver@bellsouth.net

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

For further information concerning this matter, please call:

Camille Fidei

Name of Contact Person

at (772)

283-9253

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: South River Village Two Condominium Association, Inc.
- 2. The principal office address: 30 SW South River Drive
Stuart, Florida 34997
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 1985 Document number: 765415

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)

Ross, Earle & Bonan, P.A.
759 South Federal Highway
Stuart, Florida 34994

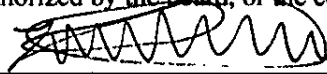
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 TALLAHASSEE, FLORIDA

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

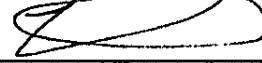
Becker & Poliakoff
625 N. Flagler Drive
P.O. Box NOT acceptable
West Palm Beach, FL 33401

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.

 _____
Signature of an officer or director RESIGNED AGENT 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 of Registered Agent 12/3/2009 _____
Signature of Registered Agent Date

If signing on behalf of an entity:
Kenneth S. Direktor, Esq.
Typed or Printed Name

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