

768210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

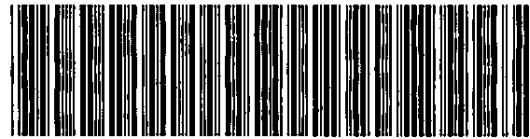
(Business Entity Name)

(Document Number)

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SEP 16 2014
14 SEP 22 AM 10:16
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STATE OF ALABAMA

RA/RD/ch8
@ 9.23.14

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BOCA RIDGE PARK CONDOMINIUM ASSOC. INC.
Name of Corporation

DOCUMENT NUMBER: 768210

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:

BECKER & POLIAKOFF
Name of Contact Person

BECKER & POLIAKOFF
Firm/Company

1 EAST BROWARD BLVD., SUITE 1800
Address

FL. LAUDERDALE FL 33301
City/State and Zip Code

N/A

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

For further information concerning this matter, please call:

DONNA DIMAGGIO-BERGER at 954, 364-6031
Name of Contact Person 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

August 15, 2004

BECKER & POLIAKOFF
1 EAST BROWARD BLVD
STE. 1800
FT. LAUDERDALE, FL 33301

SUBJECT: BOCA RIDGE PARK CONDOMINIUM ASSOCIATION, INC.
Ref. Number: 768210

We have received your document for BOCA RIDGE PARK CONDOMINIUM 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):

The current name of the entity is as referenced above. Please correct your document accordingly.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 214A00016752

RECEIVED

14 SEP 22 PM 2:39

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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 RIDGE PARK CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: MAHOGANY SERVICES, INC.
21 S.E. 5TH STREET #100, BOCA RATON, FL 33432
3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 05/02/1983 Document number: 768210

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)

KATZMAN GARFINKEL & BERGER

5297 WEST COPANS ROAD

MARGATE, FL 33063

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

BECKER & POLIAKOFF

1 EAST BROWARD BLVD., SUITE 1800

P.O. Box NOT acceptable

FT. LAUDERDALE, FL 33301

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.

* Barbara Weber
Signature of an officer or director

Barbara Weber
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]
Signature of Registered Agent

9/15/14
Date

If signing on behalf of an entity:

DONNA DiMAGGIO BERGER

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

CR2E045 (03/12)

FILED
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