

769861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

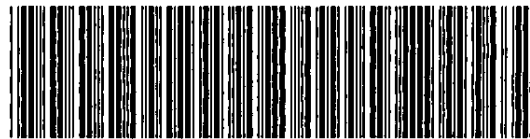
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 MAY 28 AM 10:07
SECRETARY OF STATE
FALLS CHURCH, VA

MAY 31 2013

T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE CROSSINGS OF BOYNTON BEACH CONDOMINIUM ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: 769861

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:

Chris Delisco

Name of Contact Person

Firm/Company

PO BOX 370

Address

Boynton Beach, FL 33425

City/State and Zip Code

mjmcoey@aol.com

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

For further information concerning this matter, please call:

Chris Delisco

Name of Contact Person

at (561) 737-0408

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

1. The name of the corporation: THE CROSSINGS OF BOYNTON BEACH CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 36 CROSSING CIR
BOYNTON BEACH, FL 33435
3. The mailing address (if different): PO BOX 370, Boynton Beach, FL 33425
4. Date of incorporation/qualification: _____ Document number: _____
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)

Lewis, Arthur, Esq.

800 Corporate Drive #500

Ft. Lauderdale, FL 33334

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

Michael J McGoey CPA

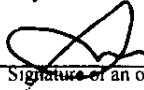
639 E Ocean Ave, Ste 101

P.O. Box NOT acceptable

Boynton Beach, FL 33435

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

CHRISTOPHER A. DELICATO

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

5/27/13

Date

If signing on behalf of an entity:

Michael J. McGoey

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA