N0300001044

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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 28, 2009

BUENA VIDA WEST HOMEOWNERS ASSOCIATION, INC. % CASTLE MANAGEMENT, INC. 1961 VIA BUENA VIDA WELLINGTON, FL 33411

SUBJECT: BUENA VIDA WEST HOMEOWNERS ASSOCIATION, INC.

Ref. Number: N03000001044

We have received your document for BUENA VIDA WEST HOMEOWNERS ASSOCIATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 209A00018048

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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

April 29, 2009

BUENA VIDA WEST HOMEOWNERS ASSOCIATION, INC. % CASTLE MANAGEMENT, INC. 1961 VIA BUENA VIDA WELLINGTON, FL 33411

SUBJECT: BUENA VIDA WEST HOMEOWNERS ASSOCIATION, INC. Ref. Number: N03000001044

We received this check with no attachments. To prevent delays in filing and improper application of fees, please return this check together with the appropriate document for processing.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6905.

Thelma Lewis **Document Specialist Supervisor**

Letter Number: 409A00014438

STATEMENT OF CHANGE OF REGISTERED OFFICE OF 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 TLORIDA
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: BUENA VIDA WEST HONEDWNERS ASSOCIATION,
2. The principal office address: 1961 VIA BUENA VIDA
WELLINGTON, FL 33411
3. The mailing address (if different): 40 CASTLE GROUP, POBOX 559009,
GA LAUDERDALE, FL 33355
4. Date of incorporation/qualification: 2/210/2003 Document number: N0300001044
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)
CAPLAN, LOUIS
301 VAMATO RD, STE 4150
SACHT & SAX
BOCO RATON, Fr. 33431
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
BROUGH, CHADROW & LEVING, AS S
1900 N. CONNIGRCE PLANY (P.O. Box NOT acceptable)
WESTON, FL 33326
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.
Tier or Now took
(Signature of an officer or director) (Frinted or typed name and tyle)
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 carporation has been notified in writing of this change.
1/2 / Alan / Ala
(Signature of Registered Agent) (Sate)
If signing on behalf of an entity:
(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)