N04389

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Spoke with J. Krut on 8/8/17. He spoke with J. Krut on 8/8/17. He approved to place attorneys name approved to place attorneys name approved to place attorneys name approved to place attorneys name

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July 6, 2017

JOSHUA D. KRUT KOPELOWITZ OSTROW, P.A. 200 E. PALMETTO PARK ROAD #103 BOCA RATON, FL 33432

SUBJECT: STONEBRIDGE GOLF AND COUNTRY CLUB OF BOCA RATON

PROPERTY OWNERS' ASSOCIATION, INC.

Ref. Number: N04389

We have received your document 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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.

Susan Tallent Regulatory Specialist II

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Letter Number: 317A00013709

COVER LETTER

Division of Corporations Stonebridge Golf And Country Club Of Boca Raton Property Owners' Association, Inc. SUBJECT: Name of Corporation 59-2478873 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: Joshua D. Krut Name of Contact Person Kopelowitz Ostrow, P.A. Firm/Company 200 E. Palmetto Park Road #103 Address Boca Raton, FL 33432 City/State and Zip Code krut@kolawyers.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joshua D. Krut at 561 910-0688

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

TO:

Amendment Section



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: Stonebridge Golf And Country Club Of Boca Raton Property Owners' Association, Inc.
2. The principal office address: 10343 Stonebridge Blvd., Boca Raton, FL 33498
3. The mailing address (if different):
4. Date of incorporation/qualification: 07/26/1984 Document number: 59-2478873 NU438
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)
Resigned
Konyk Law, P.A.
7775 Flance Drive Switz 800-West Tower 50 7
West Palm Beach, FL 33401 6. The name and street address of the new registered agent (if changed) and /or registered officions (if changed): Joshua D. Krut / Kopelowitz Ostrow, P.A.
200 E. Palmetto Park Road #103
PO Box NOT acceptable Boca Raton, FL 33432
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.
Mary - Activities Marc L. Singray Rescors
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 06/21/17 Date
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 * * *