

N04389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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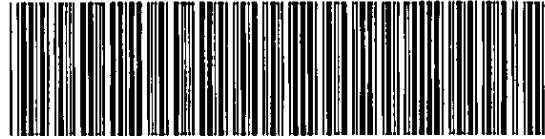
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

JA 10/02/20

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Stonebridge Golf And Country Club Of Boca Raton Property Owners' Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N04389

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 Krut

Name of Contact Person

Kopelowitz Ostrow

Firm/Company

1 W. Las Olas Blvd. Ste. 500

Address

Fort Lauderdale, FL 33301

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 Krut

Name of Contact Person

at (561) 998-2006

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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,

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: N04389

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)

Joshua D. Krut/Kopelowitz Ostrow, P.A.

200 E. Palmetto Park Road #103

Boca Raton, FL 33432

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

Joshua D. Krut/Kopelowitz Ostrow, P.A.

1 W. Las Olas Blvd., #500

P.O. Box NOT acceptable

Fort Lauderdale, FL 33301

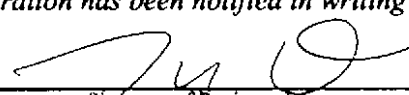
The street address of its registered office and the street address of the business office of its registered agent,  
as changed will be identical.

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.

  
Signature of an officer or director

  
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

08/06/20  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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 (04/13)

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