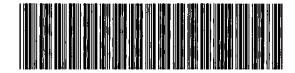
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SECRETARY OF STATE
TALLAHASSEE, FINANCE

## BECKER & POLIAKOFF

One Boca Place 2255 Glades Road, Suite 300E Boca Raton, Florida 33431

Phone: (561) 394-7600 Fax: (561) 394-0891

US Toll Free: (800) 482-7897

ADMINISTRATIVE OFFICE 3111 STIRLING ROAD FORT LAUDERDALE, FL 33312 800.432.7712 U.S. TOLL FREE

April 30, 2007

Reply To:

Direct dial: (561) 989-7603

RRubinstein@becker-poliakoff.com

WWW.BECKER-POLIAKOFF.COM BP@BECKER-POLIAKOFF.COM

Corporate Records Bureau Division of Corporation Department of State Post Office Box 6327 Tallahassee, FL 32301

Re: Statement of Change of Registered Office

Dear Sir/Madam:

FLORIDA OFFICES

BOCA RATON
FORT MYERS

FORT WALTON BEACH

HOLLYWOOD

HOMESTEAD

LARGO
MELBOURNE \*

MIAMI

NAPLES

ORLANDO SARASOTA

TALLAHASSEE

WEST PALM BEACH

AFFILIATED OFFICES

BEIJING

FRANKFURT

FRANKFORE

NEW YORK
PRAGUE
TEL AVIV

\* by appointment only

Enclosed please find a <u>Statement Of Change Of Registered Office Or Registered Agent Or Both For Corporation</u> for Savannah at Riverside Condominium

Association, Inc. together with check #000731 in the amount of \$35.00.

Kindly make the appropriate change for this corporation immediately and forward

confirmation of same to my attention.

Thank you for your prompt attention to this matter.

Sincerely,

Robert Rubinstein

For the Firm

RR/las

cc:

Enclosure (as stated)

Savannah at Riverside Condominium Association, Inc.

## **COVER LETTER**

	nendment Section vision of Corporations	
SUBJECT	Savannah at Riverside Condominiu (Name of Corpo	ms Association, Inc. ration)
DOCUME	NT NUMBER: N11809	
The enclose	ed Statement of Change of Registered Office/Ag	ent and fee are submitted for filing.
Please retur	rn all correspondence concerning this matter to the	he following:
	-	-
	Robert Rubinstein	
	(Name of Contact	Person)
1	Becker & Poliakoff (Firm/Compa	any)
	(Time Compe	,
	2255 Glades Road, #300E	
	(Address)	
	Boca Raton, Florida 33431 (City/State and Z	
		p Code)
For further	information concerning this matter, please call:	
Robert R	ubinsteina	(Area Code & Daytime Telephone Number)
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is	s a \$35.00 check made payable to the Departmen	it 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:

## 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 cha	ange is submitted for a corporation organized under the laws of the State of Florida		
in orde	er to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of	the corporation: Savannah at Riverside Condominiums Association		
	loffice address: 881 Riverside Drive		
Coral Sp	prings, Florida 33071		
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 6/6/05 Document number: N05000005834		
	d street address of the current registered agent and registered office on file with the artment of State:		
	Joseph Mancilla		
	3111 Stirling Road	1.00 <b>0</b> 1	
	Fort Lauderdale, Florida 33312	EORE MAN	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	TARY O	r:: F0
	Robert Rubinstein	FS	
	2255 Glades Road, #300E, Hood Patton, Florida 3343 (P.O. Box NOT acceptable)	: 02 TATE ORIDA	
	Boca Raton, Florida 33431		
	ress of its registered office and the street address of the business office of its registered labe identical.  Vas authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	agent,	
authorized by the			
Most	Throng PROWENT- MORTON X	(RON ENBY	KRO
I hereby accept	ture of an officer or director)  If the appointment as registered agent and agree to act in this capacity.  If the appointment as registered agent and agree to act in this capacity.  If the appointment as registered agent and agree to act in this capacity.  If to comply with the provisions of all statutes relative to the proper and complete perform to a familiar with and accept the obligation of my position as registered agent. Or sing filed merely to reflect a change in the registered office address, I hereby confirm to be a familiar with a change.  If the appointment as registered agent and agree to act in this change in the registered of the proper and complete perform to a familiar with an accept the obligation of my position as registered agent. Or all the proper and complete perform to a familiar with a familiar		
(Si	ignature of Registered Agent) (Date)		
	ehalf 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 CR2E045 (8/05)

\* \* \* FILING FEE: \$35.00 \* \* \*