

N10593

(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:

Office Use Only



200241510762

11/19/12--01005--027 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIO-
12 NOV 19 PM 12:57

R.A.

NOV 27 2012

T. BROWN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Southwinds at Boca Pointe Condominium Association One, Inc
Name of Corporation

DOCUMENT NUMBER: N10593

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:

Russell Reisman
Name of Contact Person

A&N Management
Firm/Company

902 Clint Moore Rd #110
Address

Boca Raton, FL 33487
City/State and Zip Code

info@aandnmgmt.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Russell Reisman at (**561**) **982-8633**
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

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: Southwinds at Boca Pointe Condominium Association One, Inc.

2. The principal office address: 902 Clint Moore Rd #110, Boca Raton, FL 33487

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/07/1985 Document number: N10593

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)

Swift Management Solutions

1750 University Dr #205

Coral Springs, FL 33071

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

BROUGH, CHADROW & LEVINE, P.A.

1900 N. COMMERCE PKWY

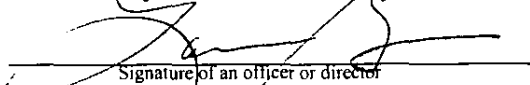
P.O. Box NOT acceptable

WESTON, FL 33326

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 NOV 19 PM 12:57

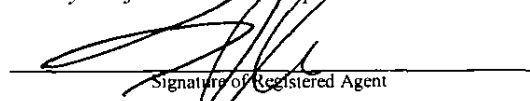
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

HORRINE Gross - 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

11/14/12
Date

If signing on behalf of an entity:

Scott J. Levine, Esq. for Brough, Chadrow & Levine, P.A.
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