

N11105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

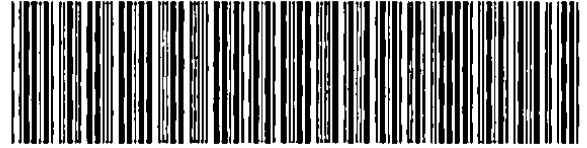
(Business Entity Name)

(Document Number)

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2019 JUN 26 PM 12:04

R. WHITE
JUN 27 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2019

BOYNTON LAKES NORTH COMMUNITY
6620 LAKE WORTH RD STE F
LAKE WORTH, FL 33467

SUBJECT: BOYNTON LAKES NORTH COMMUNITY ASSOCIATION, INC.
Ref. Number: N11105

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

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.

Rebekah White
Regulatory Specialist III

Letter Number: 319A00011718

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BOYNTON LAKES NORTH COMMUNITY ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N11105

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:

Tammie Filosa
Name of Contact Person

DAVENPORT PROPERTY MANAGEMENT
Firm/Company

6620 LAKE WORTH RD. Ste. F
Address

Lake Worth, FL 33467
City/State and Zip Code

Tammie@davenportpro.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tammie at (561) 439-9859
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: BOYNTON LAKES NORTH COMMUNITY ASSOCIATION, INC.

2. The principal office address: c/o DAVENPORT PROPERTY MANAGEMENT 6620 LAKE WORTH RD., Ste. F, Lake Worth, FL 33467

3. The mailing address (if different):

4. Date of incorporation/qualification: 09/16/1985 Document number: N11105

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)

Straley & Otto, P.A.
2699 Stirling Road, Suite C-207
Fort Lauderdale, FL 33312

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

KRAVIT LAW, P.A.
2101 NW CORP. BLVD., STE. 410
BOCA RATON, FL 33431

P.O. Box NOT acceptable

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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.

[Handwritten Signature]

6/4/19

Signature of Registered Agent

Date

If signing on behalf of an entity:

CORY KRAVIT

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