

N11142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

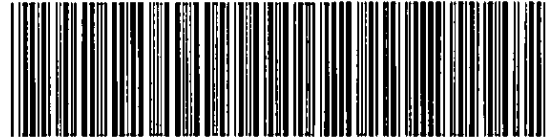
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/14/2021
JH

FILED
2021 MAY 27 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FL 32301

Jay Wallace

From: Jay Wallace
Sent: Wednesday, May 19, 2021 14:51
To: SecretaryofState@DOS.MyFlorida.com
Subject: SunBiz

Good afternoon,

I updated our SunBiz Corporation Annual Report and updated all the key titles of office and listed Broken Sound Master Association Document Number N11142 (Country Club Maintenance Association) , almost a month later when my President printed out the Annual report it show a different name for the signature that was generated automatic with a 4/30/2021 date that I filed. I didn't have Howard Swartz name anywhere but Howard Tarler as the President. Swartz is no longer on the agent of record – Tarler is . Does this still cost \$35.00 to update the name of the registered agent even though I just completed 1 month ago 30 April 2021. Than you

Best regards,

Jay Wallace, CCM, CAM

General Manager /Chief Operating Officer

Broken Sound Master Association

2701 NW 64th Blvd.

Boca Raton, FL 33496

jay@brokensound.us [website: www.bsma.us](http://www.bsma.us)

Phone 561-998-5813

Fax 561-997-8065

Hotwire on-site office : 561-609-4379



COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Country Club Maintenance Association
Name of Corporation

DOCUMENT NUMBER: N11142

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:

Jay M Wallace COO

Name of Contact Person

Broken Sound Master Association

Firm/Company

2701 NW 64th Blvd

Address

Boca Raton /Florida 33496

City/State and Zip Code

jay@brokensound.us

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jay M Wallace



Name of Contact Person

at (561)

998-5813

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: Country Club Maintenance Association, Inc
2. The principal office address: 2701 NW 64th Blvd Boca Raton, Florida 33496
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 09/17/1985 Document number: N11142
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 Broken Sound Master Association
2701 NW 64 Blvd
Boca Raton FL, 33496

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

Howard Tarler
6079 NW 23rd Way
Boca Raton Florida 33496

P.O. Box NOT acceptable

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.

JAY M WALLACE as Agent
Signature of an officer or director

JAY M WALLACE GUY/COO as Agent Only
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.

Howard Tarler
Signature of Registered Agent

5/20/2021
Date

If signing on behalf of an entity:

HOWARD TARLER
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)