

N15138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

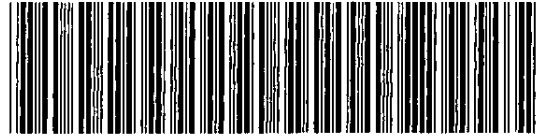
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600112257496

11/21/07--01022--012 **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2007 NOV 21 AM 9:26

ps 11/28/07
ms/ko

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BOCA COVE HOME CONDOMINIUM ASSOCIATION INC.
(Name of Corporation)

DOCUMENT NUMBER: N15138

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:

William Russo
(Name of Contact Person)

FLORIDA ONE PROPERTY MGT
(Firm/Company)
PO BOX 880269
BOCA RATON, FL 33488
(561) 488-4802
(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

William Russo at (561) 4884802
(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: BOCA COVE HOME CONDOMINIUM ASSOCIATION INC.
2. The principal office address: C/O FLORIDA ONE PROPERTY MANAGEMENT
9825 MARINA BLVD STE 100 BOCA RATON FL 33428
3. The mailing address (if different): PO BOX 880269
BOCA RATON FL 33488
4. Date of incorporation/qualification: 5/28/1986 Document number: N15138
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
POINTE MANAGEMENT GROUP INC
75 NE 6 AVE STE 206
DELRAY BEACH FL 33483

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

ROBERT KAYE & ASSOCIATES P.A.
(P.O. Box NOT acceptable)
6261 NORTHWEST 6 THWAY STE 103
FORT LAUDERDALE FL 33309

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.

Fred Russo
(Signature of an officer or director)

FRED RUSSO, President
(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.

Robert Kaye President
(Signature of Registered Agent)

11.16.07
(Date)

If signing on behalf of an entity:

Robert Kaye
(Typed or Printed Name)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2007 NOV 21 AM 9:26