N26712

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DEC 0.4.2012 1. ROBERTS



St. John Rossin

Podesta Burr & Lemme, PLLC

LAW OFFICES

OF COUNSEL
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FIRM ADMINISTRATOR ALBERT J. FIELDER, JR.

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ROBERT BURR
TYLER POWELL
CHELLÉ KONYK
JOSEPH D. LEE
JOSEF M. FIALA
SEBASTIAN K. POPRAWSKI

November 2, 2012

DAVID ST. JOHN

Board of Directors
Westchester Country Club
Homeowners Association, Inc.
(Starlight Cove)
c/o First Choice Property Management Group, Inc.
6468 East Rogers Circle
Boca Raton, FL 33487

Attn: Tara Miller,

Vice President, LCAM

Re: Change of Registered Agent

Dear Ms. Miller:

Enclosed is the Statement of Change of Registered Agent which we have prepared at the Association's request to change the registered agent to Robert B. Burr, Esquire, c/o St. John Rossin Podesta Burr & Lemme, PLLC. We used the address for First Choice that was on the state records.

Please have the President or Vice President of the Association sign this document and print his/her name and title in the appropriate space as indicated by the arrow. Then please return the document to us along with a check payable to "Florida Department of State" for \$35.00 and we will submit it to the Florida Department of State.

Very truly yours,

ROBERT B. BURR

For the firm

Enclosure

^{*}Board Certified Civil Trial Lawyer

COVER LETTER

TO:

Amendment Section Division of Corporations

WESTCHESTER COUNTRY CLUB HOMEOWNERS' ASSOCIATION, INC.

Name of Corporation

DOCUMENT NUMBER: N26712

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:

ROBERT B. BURR, ESQ.

Name of Contact Person

ST. JOHN ROSSIN PODESTA BURR & LEMME, PLLC

Firm/Company

1601 FORUM PLACE, SUITE 700

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

rburr@stjohnrossin.com

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

For further information concerning this matter, please call:

ROBERT B. BURR. ESQ. ...

,561

655-8994

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

statement of cha	nge is submitted for a corporation organized under the laws of the State of Florida The shapes its registered office or registered agent on both in the State of Florida
1. The name of t	to change its registered office or registered agent, or both, in the State of Florida. the corporation: Weschester Country Club Homeowners' Association, Inc.
	office address: c/o First Choice Property Management Group, Inc., hnology Way, Suite 202, Boca Raton, FL 33431
	ddress (if different): same as above
4. Date of incorp	poration/qualification: 06/01/1988 Document number: N26712
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	FIRST CHOICE PROPERTY MANAGEMENT GROUP, INC.
	4755 Technology Way, Suite 202
	Boca Raton, FL 33431
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office ROBERT B. BURR, ESQ. 1601 Forum Way, Suite 700 P.O. Box NOT acceptable West Palm Beach, FL 33401
	ROBERT B. BURR, ESQ.
	1601 Forum Way, Suite 700
·	P.O. Box NOT acceptable
The street address changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so board of the corporation has been notified in writing of the change.
	Brien Barrett
I hereby accept to I further agree to performance of the performance o	the appointment as registered agent and agree to act in this capacity. It is comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I hat the corporation has been notified in writing of this change.
Mubin	TB. 1/2mm 11-2-12
Sign If signing on bel	ature of Registered Agent Pobort B. Rupp nalf of an entity: Date
Туу	ped 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 (03/12)