

N129337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA/RD/chg

MAR 22 2016
I ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BOCA PINES HOMEOWNERS' ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N29337

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:

SCOTT SCARBOROUGH

Name of Contact Person

SUPERIOR ASSOCIATION MANAGEMENT

Firm/Company

20283 STATE RD 7, SUITE 219

Address

BOCA RATON, FL 33498

City/State and Zip Code

SCOTT@SUPERIORMGMT.NET

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

For further information concerning this matter, please call:

SHERI SCARBOROUGH

Name of Contact Person

at (**561**) **293-3612**

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 24, 2016

SCOTT SCARBOROUGH
SUPERIOR ASSOCIATION MANAGEMENT
20283 STATE RD 7 - STE. 219
BOCA RATON, FL 33498

SUBJECT: BOCA PINES HOMEOWNERS' ASSOCIATION, INC.
Ref. Number: N29337

We have received your document for BOCA PINES HOMEOWNERS' ASSOCIATION, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please verify and list the new registered agent name in its entirety.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 216A00003807

RECEIVED
16 MAR 21 PM 3:58

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: BOCA PINES HOMEOWNERS ASSOCIATION, INC

2. The principal office address: 20283 STATE RD. 7, SUITE 219, BOCA RATON, FL 33498

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 11/17/1988 Document number: N29337

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)

RODRIGUEZ, MARC

C/O ASSOCIATION SERVICES OF FLORIDA

10112 USA TODAY WAY, MIRAMAR, FL 33025

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

SUPERIOR ASSOCIATION MANAGEMENT, LLC

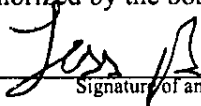
20283 STATE RD. 7, SUITE 219

P.O. Box NOT acceptable

BOCA RATON, FL 33498

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

TERRI RICHARDS

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

2/19/2016

Date

If signing on behalf of an entity:

SCOTT SCARBOROUGH

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 (03/12)

FILED
2016 MAR 21 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA