NU3560

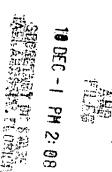
(Rec	juestor's Name)	
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Mary Mary

COVER LETTER

TO: Amendmen Division of	t Section Corporations				
SUBJECT: Balboa Point Association, Inc. Name of Corporation					
DOCUMENT NU	MBER:	N42566			
		e/Agent and fee are submitted for filing.			
Please return all con	respondence concerning this matter	to the following:			
	Jeffrey	Schiff			
-	Name of Co	ntact Person			
	•				
	The Continental Group, Inc.				
	Finn/Co	ompany			
	6300 Park of C				
	Add	ress			
	Boca Rator City/State an	n, FI 33487			
	City/State an	d Zip Code			
	JSchiff@prin	nemg.com			
	E-mail address: (to be used for for	iture annual report notification)			
For further informat	ion concerning this matter, please c	all:			
		-0.4			
Nam	Jeffrey Schiff e of Contact Person	at (561) 989-5056 Area Code & Daytime Telephone Number			
11am	e of Contact Leison	Area code & Daytime Telephone Number			
Enclosed is a \$35.00	check made payable to the Depart	ment of State.			
	Mailing Address:	Street Address:			
	Amendment Section	Amendment Section			
	Division of Corporations	Division of Corporations			
	P.O. Box 6327	Clifton Building			
	Tallahassee FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 6 ange is submitted for a corporation	n organized	d under the laws of the State (of Florida	
in orde	er to change its registered office or	registered	d agent, or both, in the State of	of Florida.	
1. The name of	the corporation: Balboa Point	t Assoc	iation, Inc.		
2. The principal	office address: C/o The Contin	nental G	roup, inc.		
6300 Park	Of Commerce Blvd., Boca	Raton, F	1 33487		
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 12/10	6/91	_ Document number:	N4256612	_
	d street address of the current regist rtment of State: (If resigned, enter r		t and registered office on file	with the	
	RANDALL ROGER & ASS	OCIATE	S		
	621 NW 53RD ST		_		
	BOCA RATON FL 33487				
6. The name and (if changed):	d street address of the new registere	ed agent (ii	f changed) and /or registered	office	
	Atkinson, Diner, Stone, Ma	nkuta &	Ploucha, P.A.		}
	One Financial Plaza, 100 S				
	Fort Lauderdale, FI 33394	Box NOT acc	ериаліе	3	
The street addre	ess of its registered office and the be identical.	street add	ress of the business office o	f its registered agent, 8	
Such change was authorized by th	as authorized by resolution duly as ne board, or the corporation has be	dopted by een notifie	its board of directors or by ed in writing of the change.	an officer so	
Signatur	e of an officer or director	· _	Al DeVivo, Pre	sident d title	
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered ag o comply with the provisions of a d I am familiar with and accept th ng filed merely to reflect a chango been notified in writing of this ch	ent and as ill statutes he obligat e in the re hange.	gree to act in this capacity, relative to the proper and c ion of my position as registe gistered office address, I he	complete performance cred agent. Or, if this reby confirm that the	
Three ar	n		Kyle Hooper,	Esq.	
Sig	fature of Registered Agent		Date 11/18/2010		
If signing on be	half of an entity:		17 10/2010		
Ту	ped or Printed Name				

Make checks payable to Florda Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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