| (Re | equestor's Name) | | | |
|--------------------------|-------------------|-------------|--|--|
| (Ac | ldress) | | | |
| | ldress) | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
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Office Use Only

3709



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03/25/09--01010--003 **35.00

COVER LETTER

| TO: Amendment Section Division of Corporations | | | | | |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------|--|--|--|--|
| SUBJECT: NORTH RIVERSIDE HOMEOWNERS ASSOC, INC (Name of Corporation) | | | | | |
| DOCUMENT NUMBER: N93000000326 | | | | | |
| 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: | | | | | |
| | | | | | |
| MARY KNAPP | | | | | |
| (Name of Contact Per | son) | | | | |
| | | | | | |
| NORTH RIVERSIDE HOMEOWNERS ASSOC, INC (Firm/Company) | | | | | |
| (i nus company) | | | | | |
| AAA F DIVEDOIDE DD MAII DOY 44 | | | | | |
| 141 E. RIVERSIDE DR. MAIL BOX 41 (Address) | | | | | |
| | | | | | |
| JUPITER, FL 33469 | | | | | |
| (City/State and Zip Code) | | | | | |
| For further information concerning this matter, please call: | | | | | |
| MARY KNAPP at (| 561 \ 630 7270 | | | | |
| (Name of Contact Person) (A | 561) 630-7370 rea Code & Daytime Telephone Number) | | | | |
| | | | | | |
| Enclosed is a \$35.00 check made payable to the Department of State. | | | | | |
| | | | | | |
| Mailing Address: Amendment Section | Street Address: 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, 617.0502, 607.1508, or 617.1508, Florida Sta ange is submitted for a corporation organized under the laws of the State of \overline{FL} er to change its registered office or registered agent, or both, in the State of Flor | ORIDA | | |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------|---------------|
| 1. The name of | the corporation: NORTH RIVERSIDE HOMEOWNERS ASSOC! | 4:02 | IN | <u>C</u> _ |
| 2. The principal | office address: 141 E. RIVERSIDE DRIVE, MAIL BOX 41 | | | |
| 3. The mailing a | address (if different): | | | |
| 4. Date of incor | poration/qualification: 1/25/1993 Document number: N930000 | 00326 | | |
| | d street address of the current registered agent and registered office on file with rtment of State: (If resigned, enter resigned) | the | | |
| | MATTHEW BRESSLER (RESIGNED) | | | |
| | 1513 KINGSLEY ROAD, JUPITER, FL 33469 | | | |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered office | SECRETARY O | 2009 MAR 25 | |
| | 141 E. RIVERSIDE DRIVE, MAIL BOX 41 (P.O. Box NOT acceptable) | F ST | A # 8 | Ö |
| | JUPITER, FL 33469 | RIDA | e: 30 | |
| The street address changed will | ess of its registered office and the street address of the business office of its it be identical. | egistere | d agent | , |
| _ | as authorized by resolution duly adopted by its board of directors or by an or be board, or the corporation has been notified in writing of the change. | | | |
| X (Signat | ERIC BRESSLER, PRE (Printed or typed name and title | SIDEN | ĮT | |
| I further agree of my duties, ar document is be | t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and compind I am familiar with and accept the obligation of my position as registered in gilled merely to reflect a change in the registered office address, I hereby is been notified in writing of this change. | lete perf agent. C confirm | ormanc Or, if thi that the | :e is e |
| Hay | igning Sung × March 11, 200 (Date) | 9 | | |
| If signing on be | ehalf of an entity: | | | |
| | Typed or Printed Name) | | | |

1,...

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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