

N94000006285

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Boynton Estates Homeowners Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N94000006285

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:

Carole Aronson  
Name of Contact Person

Carole Aronson, P.A.  
Firm/Company

1500 Gateway Blvd., Suite 220  
Address

Boynton Beach, FL 33426  
City/State and Zip Code

carole@aronsonpa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carole Aronson at ( 561 ) 739-7907  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 30, 2010

CAROLE ARONSON  
1500 GATEWAY BLVD., STE 220  
BOYNTON BEACH, FL 33426

SUBJECT: BOYNTON ESTATES HOMEOWNERS ASSOCIATION, INC.  
Ref. Number: N94000006285

We have received your document for BOYNTON ESTATES 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):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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) 245-6916.

Carol Mustain  
Regulatory Specialist II

Letter Number: 210A00016012

**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: Boynton Estates Homeowners Association, Inc.
2. The principal office address: c/o The Continental Group, 6300 Park of Commerce Blvd.,  
Boca Raton, FL 33487
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/19/1994 Document number: N94000006285

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)

Scott A. Stoloff, Esq.

1818 Australian Ave. South, Ste 400

West Palm Beach, FL 33409

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

The Continental Group, Inc.

6300 Park of Commerce Blvd.

P.O. Box NOT acceptable

Boca Raton, FL 33487

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.

Christine Schweizer  
Signature of an officer or director

Christine Schweizer, 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.*

April Narine Property Manager  
Signature of Registered Agent

7/7/10  
Date

If signing on behalf of an entity:

April J. Narine

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 (8/05)

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