

N9700 0000901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

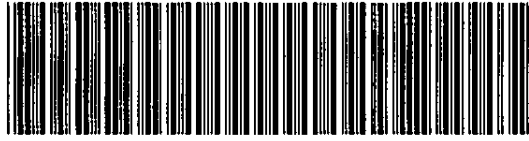
(Business Entity Name)

(Document Number)

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COVER LETTER

RECEIVED
10 OCT 20 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Amendment Section
Division of Corporations

SUBJECT: Edgewood 1-10 Association, Inc.
Name of Corporation

DOCUMENT NUMBER: 650733672

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:

Chelle Konyk
Name of Contact Person

St. John Rossin Burr & Lemme, PLLC
Firm/Company

1601 Forum Place Unit # 700
Address

West Palm Beach, Florida 33401
City/State and Zip Code

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

For further information concerning this matter, please call:

Teresa Bishop at (561) 997-6453
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

October 7, 2010

CHELLE KONYK
ST. JOHN CORE & LEMME, P.A.
1601 FORUM PLACE #701
WEST PALM BEACH, FL 33401

SUBJECT: EDGEWOOD 1-10 ASSOCIATION, INC.
Ref. Number: N97000000901

We have received your document for EDGEWOOD 1-10 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 document must have original signatures.

Photo copies are not acceptable.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 510A00023766

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: EDGEWOOD 1-10 ASSOCIATION

2. The principal office address: 21 SE 5th STREET #100
BOCA RATON FL 33432

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 1997 Document number: N9700000901

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)

THELMA COHEN
22725 SW 66th AVE
BOCA RATON FL 33428

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

ST. JOHN ROSSIN BURR & LEMME PLLC
CHELLE KONYK
1601 FORUM PLACE #701
P.O. Box NOT acceptable
WEST PALM BEACH FL 33401

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TALLAHASSEE, FLORIDA
10 OCT 20 PM 2:40

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.

Thelma Cohen
Signature of an officer or director

THELMA COHEN
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]*
Signature of Registered Agent

10/18/2010
Date

If signing on behalf of an entity:

Chelle Konyk
Typed of 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