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(Re	questor's Name)	
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R.A. change

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COVER LETTER

TO:	Amendment Section Division of Corporations	. "	e + 3
٠.	• ••		
SUBJ	ECT: The Springs at Boynton Community (Name of Corpo	Association, Inc.	
	(Name of Corpo	oration)	: .
DOC	UMENT NUMBER: N98000001951		
The e	nclosed Statement of Change of Registered Office/Ag	gent and fee are submitted for filing.	
Please	e return all correspondence concerning this matter to	the following:	
	· ,	•	
	Claudine M. Burke, Esq.		
	(Name of Contac	t Person)	
	Atkinson, Diner, Stone, Mankuta &	k Ploucha, P.A.	
	(Firm/Comp	any)	
	100 SE 3rd Avenue, Suite 1400 (Address		
	(Address)	
	Ft. Lauderdale, FL 33394		
	(City/State and Z	ip Code)	
For fu	orther information concerning this matter, please call:		
Claur	dine M. Burke, Esq.	. 054 025 5501	
Clau	(Name of Contact Person)	(Area Code & Daytime Telephone	Number)
Enclo	sed is a \$35.00 check made payable to the Departmen	nt of State.	
	Mailing Address:	Street Address:	
	Amendment Section	Amendment Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circ	le
	ranamador, i il o ao i i	Tallahassee, FL 32301	

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

statement of cha	nge is submitted for a corporation org	9502 , 607.1508 , or 617.1508 , Florida Stanized under the laws of the State of $\frac{1}{2}$	Florida	
1. The name of t	he corporation: The Springs at Boynto	on Community Association, Inc.		
2. The principal	office address: c/o Prime Mgmt Group	o, 6300 Prk of Commerce Blvd., Boca I	Raton, FL 33487	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 04/03/1998	Document number: N980000	001951	
	street address of the current registered trnent of State:	d agent and registered office on file wit	h the	
•	David Friedman, Esq.			
	100 SE 3rd Avenue, Suite 14	.00	. I 2	
	Ft. Lauderdale, FL 33394		2008 SEP SECRETATION	· ·
6. The name and (if changed):	street address of the new registered at	gent (if changed) and /or registered offi	ice SER	
	Atkinson, Diner, Stone, Mank		AMII: 40 OF STATE E.FLORID	
	100 SE 3rd Avenue, Suite 14		RIDA RIDA	
	(P.O. Box NOT accepta Ft. Lauderdale, FL 33394	(ole)		
_		eet address of the business office of its oted by its board of directors or by an notified in writing of the change.		
(Signati	re of an officer or director)	(Printed or typed name and t	ntre)	
I hereby accept I further agree i of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all s d I am familiar with and accept the c ng filed merely to reflect a change in pden notified in writing of this chan	and agree to act in this capacity. tatutes relative to the proper and com obligation of my position as registered the registered office address, I hereb ige.	aplete performance d agent. Or, if this by confirm that the	
	buche	9/9/08		
	nature of Registered Agent) half of an entity:	(Date)		
L Claudine M. E	Burke, Esq.			
(1	yped or Printed Name)			

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