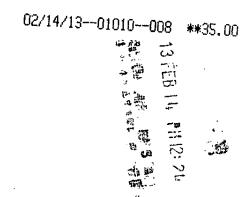
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(Re	questor's Name)	
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HA Change

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COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJE	CT: THE SPRINGS AT BOYNTON COMMUNITY ASSOCIATION, INC. Name of Corporation		
DOCU	MENT NUMBER: N98000001951		
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	Margaret Z. Villella Name of Contact Person		
	Name of Contact Letson		
Fowler White Boggs, P.A. Firm/Company			
	r-mir-Company		
1200 East Las Olas Blvd., Suite 500			
	Address		
	Ft. Lauderdale, FL 33301		
	City/State and Zip Code		
	E-mail address: (to be used for future annual report notification)		
For fur	ther information concerning this matter, please call:		
Debr	a M. Johnson at (954) 335-1608 Name of Contact Person Area Code & Daytime Telephone Number		
	Name of Contact Person Area Code & Daytime Telephone Number		
Enclos	ed 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		

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: The Springs at Boynton Community Association, Inc.
2. The principal office address: c/o The Continental Group, Inc.
6300 Park of Commerce Blvd., Boca Raton, FL 33487
3. The mailing address (if different):
4. Date of incorporation/qualification: 1998 Document number: N980000019515
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)
Atkinson, DDiner, Stone, Mankuta & Ploucha, P.A.
100 S.E. 3rd Avenue, Suite 1400
Ft. Lauderdale, FL 33394 Note: Atkinson, Diner, Stone Mankuta & Ploucha merged with Fowler White Boggs 6 The name and street address of the new resistered scent (if shorped) and (or resistered office)
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Fowler White Boggs, P.A.
1200 East Las Olas Blvd., Suite 500 P.O. Box NOT acceptable
Ft. Lauderdale, FL 33301
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.
Signature of an officer or director
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.
Working of regularity 2/1/13 Date
If signing on behalf of an entity:
Margaret Z. Villella Typed or Printed Name

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