

N98000002182

(Requestor's Name)

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(City/State/Zip/Phone #)

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DIVISION OF CORPORATIONS  
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*R.A. Charge*  
C.COULLIETTE

SEP 29 2010

EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** River Place on the St Lucie Owners Association, Inc  
Name of Corporation

**DOCUMENT NUMBER:** N98000002182

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:

Charlotte Quick  
Name of Contact Person

Bayshore Association Managment  
Firm/Company

430 NW Lake Whitney Place  
Address

Port St Lucie, FL 34986  
City/State and Zip Code

bayshorebk1@bellsouth.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charlotte Quick at ( 772 ) 871-0004  
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

**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: River Place on the St Lucie Owners Association, Inc
2. The principal office address: 430 NW Lake Whitney Place  
Port St Lucie, FL 34986
3. The mailing address (if different): same as above
4. Date of incorporation/qualification: 04/16/1998 Document number: N98000002182

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)

CORPDIRECT AGENTS, INC

515 E. PARK AVE.

TALLAHASSEE FL 32301

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

LARRY Z. GLICKMAN  
Sachs, Sax & Caplan

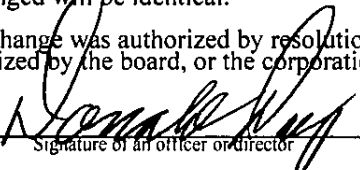
1850 SW Fountainview Blvd, Suite 207

P.O. Box NOT acceptable

Port St Lucie, FL34986


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

Donald Day, 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.*

  
Signature of Registered Agent

9/22/10  
Date

If signing on behalf of an entity:

LARRY Z. GLICKMAN  
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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