

1198000004026

BROUGH, CHADROW & LEVINE, P.A.

ATTORNEYS AT LAW

GLOBAL COMMERCE CENTER
1900 NORTH COMMERCE PARKWAY
WESTON, FLORIDA 33326

(Address)

(City/State/Zip/Phone #)

☐

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☐

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☐

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(Business Entity Name)

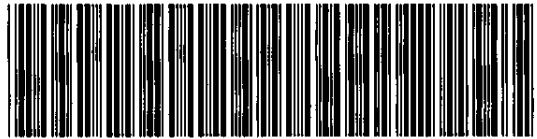
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A. Chong
C.COULLIETTE

JUN - 9 2009

EXAMINER

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: Wedgewood at the Cascades Homeowners' Association, INC
2. The principal office address: 66001 Cascades Isles BLVD,
Boynton Beach, FL 33437
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/9/98 Document number: N98000004026
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

Caplan, Louis Sachs & Sax
301 Yamato Rd, Ste 450
Boca Raton, FL 33431

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

BROUGH, CHADROW & LEVINE, P.A.

1900 N COMMERCE PARKWAY

(P.O. Box NOT acceptable)

WESTON, FL 33326

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.

Teri Schoen
(Signature of an officer or director)

Teri Schoen
(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)

6/3/09
(Date)

If signing on behalf of an entity:

Scott J. Levine, Esq.
(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

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