

96000089517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)



900015307179

04/07/03--111000--000 \*\*405.00

BRUCE KANOV

(Name of person)

Certified

CRYSTAL BAY AT POLO CORP.

(Name of firm/company)

Specified

3780 MAJESTIC PALMWAY

(Address)

DELRAY BEACH FL. 33445

(City/state and zip code)

For further information concerning this matter, please call:

BRUCE KANOV

(Name of person)

at (561) 716-5125

(Area code & daytime telephone number)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03 APR -7 AM 9:26

FILED

Office Use Only

Handwritten signatures and initials at the bottom right of the page.

**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: CRYSTAL BAY at PALM CORP.  
2. The principal office address: 19060 FOX LANDINGS DR. BOCA RATON FL 33433  
3. The mailing address (if different): Same

4. Date of incorporation/qualification: 1/10/97 Document number: P97000002875  
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

BRUCE KANOV  
19060 FOX LANDINGS DR.  
BOCA RATON FL 33434

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

BRUCE KANOV  
3780 MAJESTIC PALM WAY  
(P.O. Box or personal mailbox NOT acceptable)  
DELRAY BEACH FL. 33445

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TALLAHASSEE FLORIDA  
SECRETARY OF STATE

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]  
(Signature of an officer, chairman or vice chairman of the board)

BRUCE KANOV DPVP  
(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)

4/03/03  
(Date)

If signing on behalf of an entity:

\_\_\_\_\_  
(Typed or Printed Name)

\_\_\_\_\_  
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314