

730766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

Handwritten signatures and dates:
RAC
6/22/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Boca Linda North Association, Inc
Name of Corporation

DOCUMENT NUMBER: 730766

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:

Amy Steinman
Name of Contact Person

C.A.M.S.
Firm/Company

314 NE 3rd Street
Address

Boynton Beach, FL 33435
City/State and Zip Code

Assteinman@CAMS Prop-mgmt.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Steinman at (561) 738-0061 ext. 18
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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Boca Linda North Association, Inc

2. The principal office address: _____

3. The mailing address (if different): 314 NE 3rd Street
Boynton Beach Florida

4. Date of incorporation/qualification: _____ Document number: 730766

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)
Larry Schner P.A.
750 S. Dixie Highway
Boca Raton, FL 33432

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Dicker, Krivok + Stoloff, P.A.
1818 Australian Ave South #400
P.O. Box NOT acceptable
West Palm Beach, FL 33409

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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.

Joanne Barbero
Signature of an officer or director

JOANNE BARBERO, Sec'y (Board)
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

6-15-09
Date

If signing on behalf of an entity:
Scott A. Stoloff
Typed or Printed Name

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