

748636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

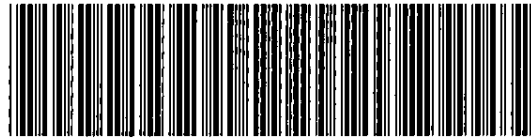
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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C.COULLIETTE

NOV 15 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bay Yacht Club Condominium Assoc Inc.
Name of Corporation

DOCUMENT NUMBER: 748636

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:

Karen Danzinger
Name of Contact Person

Orchid Management Solutions Inc
Firm/Company

PO Box 50072
Address

Lighthouse Point, FL 33074-0072
City/State and Zip Code

admin@bayyachtclub.comcastb.z.net
E-mail address: (to be used for future annual report notification)

For further information, call _____, pi

Karen Danzinger at (954) 943-9900
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2011

KAREN DANZINGER
ORCHID MANAGEMENT SOLUTIONS INC
PO BOX 50072
LIGHTHOUSE POINT, FL 33074-0072

SUBJECT: BAY YACHT CLUB CONDOMINIUM ASSOCIATION, INC.
Ref. Number: 748636

We have received your document for BAY YACHT CLUB CONDOMINIUM ASSOCIATION, INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Regulatory Specialist II

Letter Number: 611A00024722

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TALLAHASSEE, FLORIDA

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: Bay Yacht Club Condominium Association, INC.
- 2. The principal office address: 740 S Federal Hwy
Pompano Beach, FL 33062
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 08/23/1979 Document number: 748636
- 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)

The Frydman Law Group Pllc
3389 Sheridan St #257
Hollywood, FL 33021

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

Orchid Management Solutions Inc
2965 NE 12th Ave
P.O. Box NOT acceptable
Pompano Beach, FL 33064

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 TALLAHASSEE, FLORIDA

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.

Tracie Catalano
Signature of an officer or director

Tracie Catalano, 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]
Signature of Registered Agent

11/7/11
Date

If signing on behalf of an entity:

Karen Danzinger, President
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