

753807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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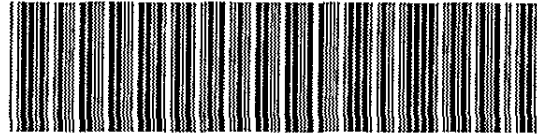
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*PAID
11-2-06*

DICKER, KRIVOK & STOLOFF, P.A.

ATTORNEYS AT LAW

1818 AUSTRALIAN AVENUE SOUTH
SUITE 400
WEST PALM BEACH, FLORIDA 33409

EDWARD DICKER
JAMES N. KRIVOK
SCOTT A. STOLOFF
LAURIE G. MANOFF

TELEPHONE
(561) 615-0123

FAX
(561) 615-0128

October 31, 2006
SENT VIA REGULAR U.S. MAIL

Florida Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

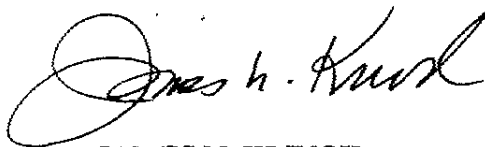
Re: Hutchinson Island Beach Club, Inc.

To whom it may concern:

Enclosed is the Statement of Change of Registered Office or Agent or Both For Corporations for Hutchinson Island Beach Club, Inc. Upon filing, please return a copy to me. An addressed, stamped envelope is provided for your convenience. Also, enclosed is the Association's check in the amount of Thirty-Five Dollars (\$35.00) representing filing fees for the same.

If you require anything further, please contact me.

Sincerely,



JAMES N. KRIVOK
For the Firm

JNK/jf
Enclosures
cc: Association
T:\Documents\Janet\JK\HUTCHINSON ISLAND BEACH CLUB 2443\FlaSecofStateFilingLtr10.31.wpd

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HUTCHINSON ISLAND BEACH CLUB, INC.
(Name of Corporation)

DOCUMENT NUMBER: 753807

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:

JAMES N. KRIVOK, ESQUIRE
(Name of Contact Person)

DICKER, KRIVOK & STOLOFF, P.A.
(Firm/Company)

1818 AUSTRALIAN AVENUE SOUTH, SUITE 400
(Address)

WEST PALM BEACH, FL 33409
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES N. KRIVOK at (561) 615-0123
(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: HUTCHINSON ISLAND BEACH CLUB, INC.

2. The principal office address: 1111 SE FEDERAL HIGHWAY, SUITE 100, STUART, FL 34994

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/19/1980 Document number: 753807

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

LORRAINE FORTE

1111 SE FEDERAL HIGHWAY, SUITE 100

STUART, FL 34994

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

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

JAMES N. KRIVOK, ESQUIRE, DICKER, KRIVOK & STOLOFF, P.A.

1818 AUSTRALIAN AVENUE, SUITE 400

(P.O. Box NOT acceptable)

WEST PALM BEACH, FL 33409

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.

Donald B. Fink
(Signature of an officer or director)

Donald B. Fink / Treas
(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)

10/31/06
(Date)

If signing on behalf of an entity:

(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)