

N19330

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

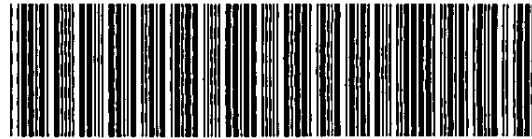
(Business Entity Name)

(Document Number)

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STATE OF MISSISSIPPI
DEPARTMENT OF REVENUE

DEC 19 2016
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Waterside Townhomes Community Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N19330

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:

Paul A. McKenna, Esquire
Name of Contact Person

Paul A. McKenna & Associates, P.A.
Firm/Company

703 Waterford Way, Suite 220
Address

Miami, Florida 33126
City/State and Zip Code

Paul@pmcklaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Barreiro at (305) 662-9908
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

RECEIVED
DIVISION OF CORPORATIONS
16 DEC 16 AM 10:03

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: Waterside Townhomes Community Association, Inc.
2. The principal office address: 27501 South Dixie Highway, Suite 208, Homestead, FL 33032
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/19/1987 Document number: N19330

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)

Carlos Triay, P.A.
2301 NW 87 Avenue, Suite 501
Doral, Florida 33172

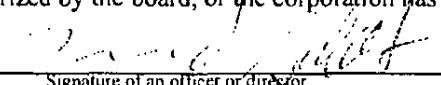
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Paul A. McKenna & Associates, P.A.
703 Waterford Way, Suite 220
P.O. Box NOT acceptable
Miami, Florida 33126

16 DEC 16 AM 10:10
DIVISION OF CORPORATIONS
STATE OF 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.


Signature of an officer or director

Nemrod Saldanas / 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 of Registered Agent

12/06/2016
Date

If signing on behalf of an entity:

Paul A. McKenna, Esquire
Typed or Printed Name

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